



REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations - Performance Targets 2025-Q2

Substitute Senate Bill 6492, Section 2 (Chapter 256, Laws of 2012)
As amended by Substitute Senate Bill 5889, Section 1 (Chapter 5, Laws of 2015)

As further amended by Second Substitute Senate Bill 5664, Section 3
(Chapter 288, Laws of 2022; partial veto) RCW 10.77.068(7)

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Background

On May 1, 2012, Substitute Senate Bill 6492 added a section to chapter 10.77 RCW that established performance targets for the “timeliness of the completion of accurate and reliable evaluations of competency to stand trial and admissions for inpatient restoration services related to competency to proceed or stand trial for adult criminal defendants.” These targets were codified under RCW 10.77.068.

The bill required the Department of Social and Health Services to report to the executive and the legislature following any quarter in which it does not meet any of the performance targets. This reporting must address (1) the extent of the deviation, and (2) any corrective action being taken to improve performance.

On July 24, 2015, SSB 5889 amended RCW 10.77.068. The bill retained the performance targets for competency services but added to these a set of “maximum time limits.” Substitute Senate Bill 5889 continued the requirement that DSHS report to the executive and the legislature following any quarter in which it does not meet each performance target or maximum time limit.

On June 9, 2022, 2SSB 5664 further amended RCW 10.77.068. The bill made minor changes to the authorizing section for this report, moving it from RCW 10.77.068(3) to .068(7), it added a reference to a second subsection of performance targets, it cleaned up other minor language usage, and it removed a no longer applicable implementation requirement.

Competency Evaluation and Restoration Data

In addition to the minor changes described above, 2SSB 5664 also made substantial changes to the performance targets and maximum time limits this report communicates when the department fails to meet one or more statutory requirements. These changes brought state requirements into much closer alignment with our federal requirements under the Trueblood Contempt Settlement Agreement.

RCW 10.77.068 was originally enacted in 2012 as SSB 6492. It was amended by SSB 5889 in 2015 and further amended by 2SSB 5664 in 2022. Below are the current performance targets and maximums, which took effect on June 9, 2022:

(1)(a) The legislature establishes a performance target of seven days or fewer to extend an offer of admission to a defendant in pretrial custody for inpatient competency evaluation or inpatient competency restoration services, when access to the services is legally authorized.

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(a) listed above.

(2)(a) A maximum time limit of seven days as measured from the department's receipt of the court order, or a maximum time limit of 14 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(a) of this section.

The series of subsections below establish performance targets and maximums for jail-based evaluations and civil conversion cases:

(1)(b) The legislature establishes a performance target of 14 days or fewer for the following services related to competency to stand trial, when access to the services is legally authorized:

(1)(b)(i) To complete a competency evaluation in jail and distribute the evaluation report; and

(1)(b)(ii) To extend an offer of admission to a defendant ordered to be committed to a state hospital following dismissal of charges based on incompetency to stand trial under RCW 10.77.086.

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(b)(i)-(ii) listed immediately above.

(2)(b) A maximum time limit of 14 days as measured from the department's receipt of the court order, or a maximum time limit of 21 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(b) of this section.

The final subsection below provides a performance target for personal recognizance evaluations:

(1)(c) The legislature establishes a performance target of 21 days or fewer to complete a competency evaluation in the community and distribute the evaluation report.

As mandated by RCW 10.77.068(7), the following quarterly report explains the extent to which the state hospitals deviated from performance targets in quarter two of 2025 (April 1, 2025-June 30, 2025) and describes the plans to meet these performance targets in future quarters.

Data Analysis and Discussion

This section of the report provides visual representation of data from the Forensic Data System dating back to Q4 2018 as well as outcomes and drivers analysis for more recent data. Additional detailed data and information about timely competency services is available in monthly reports published by DSHS in compliance with requirements established in the April 2015 Trueblood court order. These reports are available on the Office of Forensic Mental Health Services website at Monthly Court Monitor reports.

Competency Services Order Data for Client In-Jail or In the Community Status Begin Date

Beginning on page seven, the initial data section presents Tables 1a-8b and Figures 1a-8b, which show competency services order data. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders (admissions or all completed orders) – waiting in-jail/ waiting in the community
- Inpatient competency evaluation orders (admissions or all completed orders) – waiting in-jail/ waiting in the community
- Inpatient civil conversion orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Outpatient competency evaluation orders (reports sent to court or all completed orders) – waiting in-jail/in the community.

The tables further categorize the data and then group it by WSH, ESH, and both hospitals combined (statewide) when the client competency services order originates while the client is either waiting in-jail or waiting in the community for services.

Guidance on Navigating and Interpreting the Data Charts

Q3 2022 was the first full quarter that 2SSB 5664's updated performance targets and maximum standards were in effect. The new law standards are used for all data displayed in this report, historic and present. To review data from Q2 2022 or earlier calculated under previous legal standards, you can review previous reports at the Reports to the Legislature webpage.

A companion figure accompanies each data table in this report. The tables present numeric data across several categories consistent with each table's title. The companion figures present a subset of data from their corresponding table visually. First, the table presents its data followed by the companion figure. After the corresponding table and figure display their data, discussion and analysis covering outcomes and drivers follow.

The data is dynamic, and the most recent quarter's initial results generally will continue to change and become more reliable over time as the data matures. Due to the Trueblood lawsuit, case prioritization, civil conversion cases, triage cases, periodic lengthy wait times and other considerations, many cases take more than one quarter to be resolved and will not show as completed cases in the data until the quarter in which the case is resolved.

Several tables are based on only a few clients utilizing the legal authority each quarter. As a result, changes in the results of very few cases, from quarter-to-quarter, result in significant data fluctuations. Where possible, this is noted in the analysis.

Following most data tables, especially Tables 1a-8b, you will find several data notes corresponding to data variables or other important information. The notes vary quite a bit from table-to-table. Please be advised that it is important to review all notes. In particular, the term "span" is frequently used throughout the data tables. Generally, "span" refers to a court order joined as a unit of time and location (time "in-jail" or "in the community"). For ease of understanding, the report often simplifies span to "court order" when discussing data throughout the report.

The department cautions against relying too heavily on the most recent quarterly results, as the data will continue to complete, mature, and change over time. This is especially important for tables with small n's (numbers), as they will change quarter by quarter in an even more significant manner. Initial results frequently update one or more times over multiple quarters before becoming final. The data presentation begins on the following page with Table 1a.

Changes to the Administration

Effective May 1, 2025, DSHS' Behavioral Health Administration changed its name to the Behavioral Health and Habilitation Administration. This name change is part of the Reimagine DSHS initiative and is reflective of the reorganization of several units and facilities into BHHA from other DSHS administrations.

While part of the quarter subject to this report, Q2 2025, occurred under BHA, for clarity and consistency, all references to BHA in this report have been updated to BHHA or Behavioral Health and Habilitation Administration.

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Table 1a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS
for individuals WAITING IN JAIL for services, by quarter (1)

| | Percent Admitted on Time (5) | | | | | | Percent Admitted on Time (5) | | | | | | Percent Admitted on Time (5) | | | | | |
|-----------|------------------------------|-----|-------|-------|-----|-------|------------------------------|-----|-------|-------|-----|-------|------------------------------|-----|-------|-------|-----|-------|
| | Admitted on Time (5) | | | | | | Admitted on Time (5) | | | | | | Admitted on Time (5) | | | | | |
| | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | |
| | Percent Admitted (3) | | | | | | Percent Admitted (3) | | | | | | Percent Admitted (3) | | | | | |
| | Admitted (3) | | | | | | Admitted (3) | | | | | | Admitted (3) | | | | | |
| | New Spans (2) | | | | | | New Spans (2) | | | | | | New Spans (2) | | | | | |
| STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL (6) | | | | | |
| 2018-Q4 | 374 | 322 | 86.1% | 41.2 | 74 | 23.0% | 67 | 66 | 98.5% | 21.2 | 13 | 19.7% | 307 | 256 | 83.4% | 46.4 | 61 | 23.8% |
| 2019-Q1 | 413 | 328 | 79.4% | 35.1 | 98 | 29.9% | 78 | 74 | 94.9% | 26.1 | 19 | 25.7% | 335 | 254 | 75.8% | 37.7 | 79 | 31.1% |
| 2019-Q2 | 437 | 344 | 78.7% | 40.6 | 92 | 26.7% | 76 | 65 | 85.5% | 38.1 | 14 | 21.5% | 361 | 279 | 77.3% | 41.2 | 78 | 28.0% |
| 2019-Q3 | 380 | 317 | 83.4% | 35.3 | 93 | 29.3% | 71 | 64 | 90.1% | 31.4 | 24 | 37.5% | 309 | 253 | 81.9% | 36.2 | 69 | 27.3% |
| 2019-Q4 | 460 | 394 | 85.7% | 34.3 | 116 | 29.4% | 81 | 74 | 91.4% | 35.3 | 21 | 28.4% | 379 | 320 | 84.4% | 34.0 | 95 | 29.7% |
| 2020-Q1 | 330 | 211 | 63.9% | 48.3 | 30 | 14.2% | 64 | 36 | 56.3% | 50.2 | 5 | 13.9% | 266 | 175 | 65.8% | 47.9 | 25 | 14.3% |
| 2020-Q2 | 211 | 145 | 68.7% | 59.0 | 11 | 7.6% | 32 | 11 | 34.4% | 72.4 | 1 | 9.1% | 179 | 134 | 74.9% | 57.9 | 10 | 7.5% |
| 2020-Q3 | 344 | 245 | 71.2% | 47.0 | 16 | 6.5% | 59 | 38 | 64.4% | 64.9 | 2 | 5.3% | 285 | 207 | 72.6% | 43.7 | 14 | 6.8% |
| 2020-Q4 | 392 | 273 | 69.6% | 54.9 | 33 | 12.1% | 51 | 29 | 56.9% | 61.7 | 2 | 6.9% | 341 | 244 | 71.6% | 54.0 | 31 | 12.7% |
| 2021-Q1 | 359 | 284 | 79.1% | 35.8 | 38 | 13.4% | 50 | 41 | 82.0% | 32.0 | 12 | 29.3% | 309 | 243 | 78.6% | 36.5 | 26 | 10.7% |
| 2021-Q2 | 358 | 305 | 85.2% | 31.8 | 40 | 13.1% | 55 | 51 | 92.7% | 26.9 | 0 | 0.0% | 303 | 254 | 83.8% | 32.7 | 40 | 15.7% |
| 2021-Q3 | 491 | 367 | 74.7% | 51.8 | 26 | 7.1% | 71 | 57 | 80.3% | 44.3 | 3 | 5.3% | 420 | 310 | 73.8% | 53.2 | 23 | 7.4% |
| 2021-Q4 | 544 | 392 | 72.1% | 61.0 | 39 | 9.9% | 110 | 64 | 58.2% | 66.1 | 4 | 6.3% | 434 | 328 | 75.6% | 60.0 | 35 | 10.7% |
| 2022-Q1 | 528 | 333 | 63.1% | 85.5 | 27 | 8.1% | 99 | 69 | 69.7% | 78.1 | 6 | 8.7% | 429 | 264 | 61.5% | 87.5 | 21 | 8.0% |
| 2022-Q2 | 562 | 298 | 53.0% | 127.6 | 19 | 6.4% | 111 | 73 | 65.8% | 123.2 | 4 | 5.5% | 451 | 225 | 49.9% | 129.1 | 15 | 6.7% |
| 2022-Q3 | 513 | 250 | 48.7% | 116.2 | 15 | 6.0% | 108 | 61 | 56.5% | 115.4 | 2 | 3.3% | 405 | 189 | 46.7% | 116.5 | 13 | 6.9% |
| 2022-Q4 | 426 | 251 | 58.9% | 100.2 | 14 | 5.6% | 68 | 49 | 72.1% | 97.4 | 1 | 2.0% | 358 | 202 | 56.4% | 100.8 | 13 | 6.4% |
| 2023-Q1 | 419 | 269 | 64.2% | 78.2 | 15 | 5.6% | 68 | 54 | 79.4% | 59.4 | 1 | 1.9% | 351 | 215 | 61.3% | 82.9 | 14 | 6.5% |
| 2023-Q2 | 431 | 296 | 68.7% | 56.2 | 27 | 9.1% | 83 | 70 | 84.3% | 41.2 | 2 | 2.9% | 348 | 226 | 64.9% | 60.8 | 25 | 11.1% |
| 2023-Q3 | 471 | 388 | 82.4% | 39.9 | 35 | 9.0% | 102 | 83 | 81.4% | 44.0 | 2 | 2.4% | 369 | 305 | 82.7% | 38.8 | 33 | 10.8% |
| 2023-Q4 | 445 | 398 | 89.4% | 29.0 | 32 | 8.0% | 74 | 66 | 89.2% | 50.4 | 0 | 0.0% | 371 | 332 | 89.5% | 24.8 | 32 | 9.6% |
| 2024-Q1 | 432 | 416 | 96.3% | 11.4 | 155 | 37.3% | 80 | 74 | 92.5% | 15.7 | 19 | 25.7% | 352 | 342 | 97.2% | 10.5 | 136 | 39.8% |
| 2024-Q2 | 499 | 478 | 95.8% | 5.8 | 447 | 93.5% | 89 | 88 | 98.9% | 6.4 | 69 | 78.4% | 410 | 390 | 95.1% | 5.6 | 378 | 96.9% |
| 2024-Q3 | 565 | 555 | 98.2% | 6.2 | 533 | 96.0% | 112 | 108 | 96.4% | 7.3 | 96 | 88.9% | 453 | 447 | 98.7% | 5.9 | 437 | 97.8% |
| 2024-Q4 | 482 | 479 | 99.4% | 6.4 | 444 | 92.7% | 89 | 88 | 98.9% | 6.1 | 80 | 90.9% | 393 | 391 | 99.5% | 6.5 | 364 | 93.1% |
| 2025-Q1 | 528 | 525 | 99.4% | 5.5 | 511 | 97.3% | 128 | 127 | 99.2% | 6.1 | 116 | 91.3% | 400 | 398 | 99.5% | 5.3 | 395 | 99.2% |
| 2025-Q2 | 543 | 511 | 94.1% | 4.5 | 504 | 98.6% | 130 | 114 | 87.7% | 4.6 | 109 | 95.6% | 413 | 397 | 96.1% | 4.4 | 395 | 99.5% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 1a:

(1) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(2) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

(6) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers, formerly known as Restoration Treatment Facilities.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail people awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here **will not align with those reported to the Trueblood Court Monitor**.

Figure 1a - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
 ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL

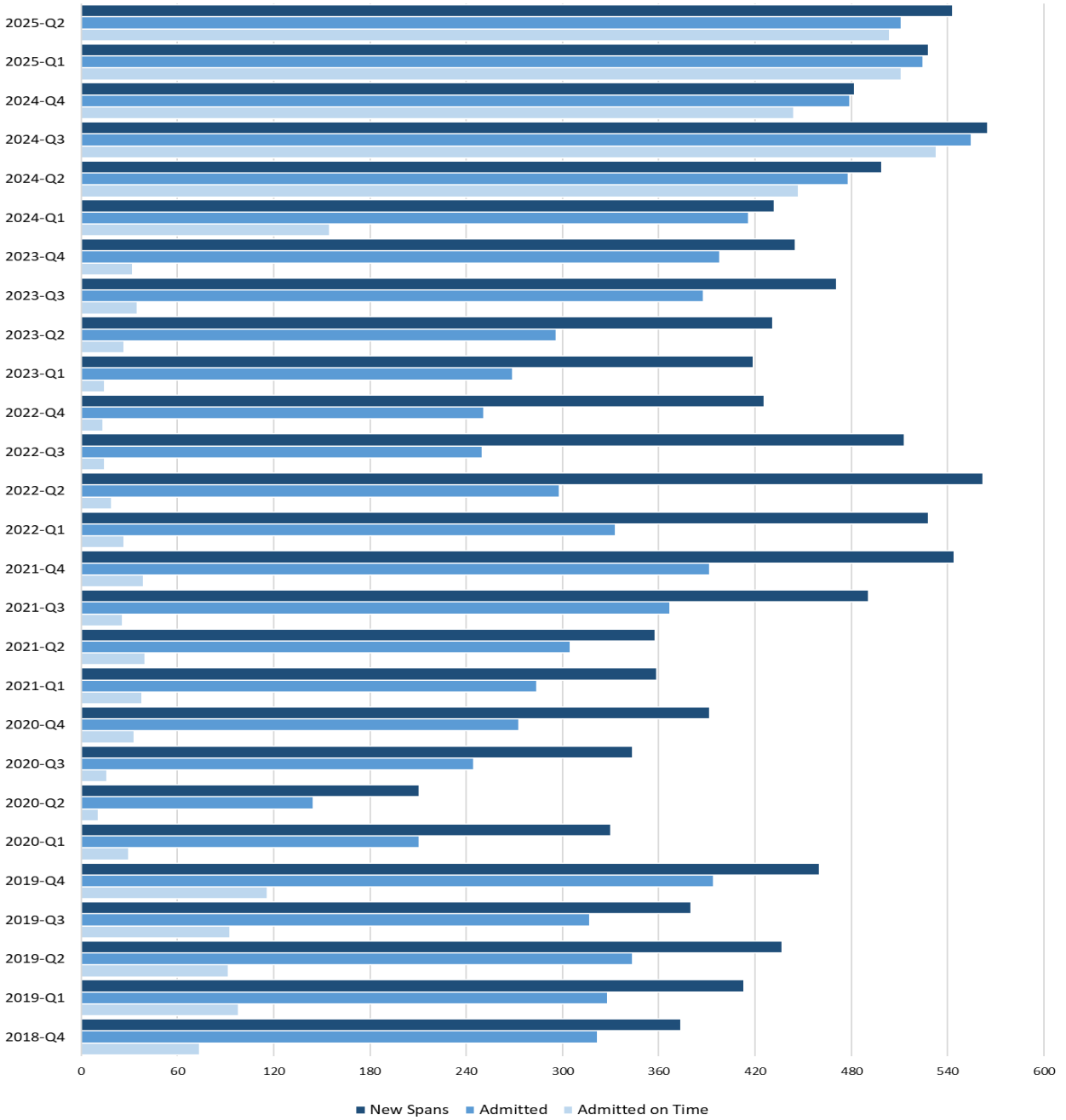


Table 1a above shows the number of new court orders for inpatient competency restoration services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 1a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: During Q2 2025, the number of inpatient restoration orders increased slightly by 2.8 percent. The number of inpatient competency restoration orders admitted during Q2 was 543 orders; for orders admitted during Q2, the average days waiting for admissions statewide, between order for restoration and admission, was 4.5 days; and on time admissions in Q2 was 98.6 percent. Both the average days waiting and on time admissions percentage in Q2 represent significant improvements on recent quarterly performances prior to Q2 2024, and demonstrate some of the best outcomes in the 6.75 years since FDS became the database tracking system of record. As time elapses and distance from Q2 increases, additional court orders originally signed in Q2 will be admitted; thus, improving the number and percentage of court orders admitted. Other variables will perform negatively as additional time elapses and distance from Q2 increases: average days waiting, number admitted on time, and percent admitted on time. As the Q2 2025 data continues to mature over the next several quarters, the performance variables are likely to decline somewhat; however, a significantly greater number of Q2 2025 orders completed within Q2 relative to preceding quarters, so the overall decline in Q2's future performance should be reasonably small.

Drivers: Following Q2 2022's record high 562 inpatient restoration orders, new orders decreased moderately before increasing again in mid-2023. Some of this decrease in demand is likely seasonal, as during the late fall through winter months OFMHS normally sees reduced order activity. Restoration services demand, over the last 11 quarters since Q2 2022 appears to have tracked in line with expectations, until significant increases in Q2 and Q3 2024. Q3 2024 set a new record of 565 orders. While Q4 2024 orders decreased significantly as compared to Q3, Q4 2024's 482 orders remained at a high level of demand. During these last 6.75 years, competency restoration orders have averaged 442.1 per quarter, so Q4 2024 is significantly higher than the statewide average. Q4's significant decline in orders relative to Q3 is primarily a function of seasonal decreases in demand. Q1 and Q2 2025's orders returned to the trend of increasing orders, with Q2 2025's 543 orders in the top five quarters of all time. Extremely high levels of competency evaluations orders remain a significant factor contributing to near record levels of restoration orders even during a season of the year, which is typically slower. With the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days.

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Table 1b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN JAIL for services, by quarter (1)

| | Percent Completed on Time (5) | | | | | | Percent Completed on Time (5) | | | | | | Percent Completed on Time (5) | | | | | |
|-----------|-------------------------------|-----|--------|-------|-----|-------|-------------------------------|-----|--------|-------|-----|-------|-------------------------------|-----|--------|-------|-----|-------|
| | Completed on Time (5) | | | | | | Completed on Time (5) | | | | | | Completed on Time (5) | | | | | |
| | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | |
| | Percent Completed (3) | | | | | | Percent Completed (3) | | | | | | Percent Completed (3) | | | | | |
| | Completed (3) | | | | | | Completed (3) | | | | | | Completed (3) | | | | | |
| | New Spans (2) | | | | | | New Spans (2) | | | | | | New Spans (2) | | | | | |
| STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL (6) | | | | | |
| 2018-Q4 | 374 | 374 | 100.0% | 42.7 | 77 | 20.6% | 67 | 67 | 100.0% | 22.0 | 13 | 19.4% | 307 | 307 | 100.0% | 47.2 | 64 | 20.8% |
| 2019-Q1 | 413 | 413 | 100.0% | 35.0 | 104 | 25.2% | 78 | 78 | 100.0% | 25.3 | 20 | 25.6% | 335 | 335 | 100.0% | 37.3 | 84 | 25.1% |
| 2019-Q2 | 437 | 437 | 100.0% | 40.1 | 100 | 22.9% | 76 | 76 | 100.0% | 37.3 | 17 | 22.4% | 361 | 361 | 100.0% | 40.7 | 83 | 23.0% |
| 2019-Q3 | 380 | 380 | 100.0% | 35.1 | 102 | 26.8% | 71 | 71 | 100.0% | 32.5 | 24 | 33.8% | 309 | 309 | 100.0% | 35.7 | 78 | 25.2% |
| 2019-Q4 | 460 | 460 | 100.0% | 34.5 | 128 | 27.8% | 81 | 81 | 100.0% | 36.4 | 21 | 25.9% | 379 | 379 | 100.0% | 34.1 | 107 | 28.2% |
| 2020-Q1 | 330 | 330 | 100.0% | 47.2 | 35 | 10.6% | 64 | 64 | 100.0% | 53.8 | 5 | 7.8% | 266 | 266 | 100.0% | 45.6 | 30 | 11.3% |
| 2020-Q2 | 211 | 211 | 100.0% | 55.4 | 12 | 5.7% | 32 | 32 | 100.0% | 57.3 | 2 | 6.3% | 179 | 179 | 100.0% | 55.1 | 10 | 5.6% |
| 2020-Q3 | 344 | 344 | 100.0% | 44.7 | 30 | 8.7% | 59 | 59 | 100.0% | 61.5 | 3 | 5.1% | 285 | 285 | 100.0% | 41.2 | 27 | 9.5% |
| 2020-Q4 | 392 | 392 | 100.0% | 50.4 | 38 | 9.7% | 51 | 51 | 100.0% | 61.6 | 3 | 5.9% | 341 | 341 | 100.0% | 48.7 | 35 | 10.3% |
| 2021-Q1 | 359 | 359 | 100.0% | 33.2 | 47 | 13.1% | 50 | 50 | 100.0% | 31.1 | 12 | 24.0% | 309 | 309 | 100.0% | 33.6 | 35 | 11.3% |
| 2021-Q2 | 358 | 358 | 100.0% | 31.4 | 47 | 13.1% | 55 | 55 | 100.0% | 27.1 | 1 | 1.8% | 303 | 303 | 100.0% | 32.2 | 46 | 15.2% |
| 2021-Q3 | 491 | 491 | 100.0% | 48.5 | 28 | 5.7% | 71 | 71 | 100.0% | 41.3 | 3 | 4.2% | 420 | 420 | 100.0% | 49.7 | 25 | 6.0% |
| 2021-Q4 | 544 | 544 | 100.0% | 55.7 | 49 | 9.0% | 110 | 110 | 100.0% | 61.4 | 7 | 6.4% | 434 | 434 | 100.0% | 54.3 | 42 | 9.7% |
| 2022-Q1 | 528 | 528 | 100.0% | 79.6 | 36 | 6.8% | 99 | 99 | 100.0% | 72.3 | 9 | 9.1% | 429 | 429 | 100.0% | 81.3 | 27 | 6.3% |
| 2022-Q2 | 562 | 562 | 100.0% | 118.9 | 28 | 5.0% | 111 | 111 | 100.0% | 107.4 | 8 | 7.2% | 451 | 451 | 100.0% | 121.7 | 20 | 4.4% |
| 2022-Q3 | 513 | 513 | 100.0% | 105.1 | 25 | 4.9% | 108 | 108 | 100.0% | 104.6 | 6 | 5.6% | 405 | 405 | 100.0% | 105.2 | 19 | 4.7% |
| 2022-Q4 | 426 | 426 | 100.0% | 87.2 | 23 | 5.4% | 68 | 68 | 100.0% | 92.5 | 3 | 4.4% | 358 | 358 | 100.0% | 86.2 | 20 | 5.6% |
| 2023-Q1 | 419 | 419 | 100.0% | 69.3 | 32 | 7.6% | 68 | 68 | 100.0% | 54.9 | 4 | 5.9% | 351 | 351 | 100.0% | 72.1 | 28 | 8.0% |
| 2023-Q2 | 431 | 431 | 100.0% | 51.0 | 43 | 10.0% | 83 | 83 | 100.0% | 38.5 | 6 | 7.2% | 348 | 348 | 100.0% | 54.0 | 37 | 10.6% |
| 2023-Q3 | 471 | 471 | 100.0% | 37.5 | 44 | 9.3% | 102 | 102 | 100.0% | 41.5 | 5 | 4.9% | 369 | 369 | 100.0% | 36.4 | 39 | 10.6% |
| 2023-Q4 | 445 | 445 | 100.0% | 27.9 | 42 | 9.4% | 74 | 74 | 100.0% | 47.9 | 0 | 0.0% | 371 | 371 | 100.0% | 23.9 | 42 | 11.3% |
| 2024-Q1 | 432 | 432 | 100.0% | 11.2 | 165 | 38.2% | 80 | 80 | 100.0% | 15.0 | 23 | 28.8% | 352 | 352 | 100.0% | 10.4 | 142 | 40.3% |
| 2024-Q2 | 499 | 499 | 100.0% | 5.7 | 462 | 92.6% | 89 | 89 | 100.0% | 6.4 | 70 | 78.7% | 410 | 410 | 100.0% | 5.6 | 392 | 95.6% |
| 2024-Q3 | 565 | 565 | 100.0% | 6.1 | 543 | 96.1% | 112 | 112 | 100.0% | 7.2 | 100 | 89.3% | 453 | 453 | 100.0% | 5.9 | 443 | 97.8% |
| 2024-Q4 | 482 | 482 | 100.0% | 6.4 | 447 | 92.7% | 89 | 89 | 100.0% | 6.0 | 81 | 91.0% | 393 | 393 | 100.0% | 6.5 | 366 | 93.1% |
| 2025-Q1 | 528 | 528 | 100.0% | 5.7 | 513 | 97.2% | 128 | 128 | 100.0% | 6.1 | 117 | 91.4% | 400 | 400 | 100.0% | 5.6 | 396 | 99.0% |
| 2025-Q2 | 543 | 517 | 95.2% | 4.5 | 510 | 98.6% | 130 | 114 | 87.7% | 4.6 | 109 | 95.6% | 413 | 403 | 97.6% | 4.4 | 401 | 99.5% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 1b:

(1) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 1a above in that it includes all completions, not just those were the client was admitted to a facility.

(2) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(4) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

(6) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers , formerly known as Restoration Treatment Facilities.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail people awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.

Figure 1b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
 COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL

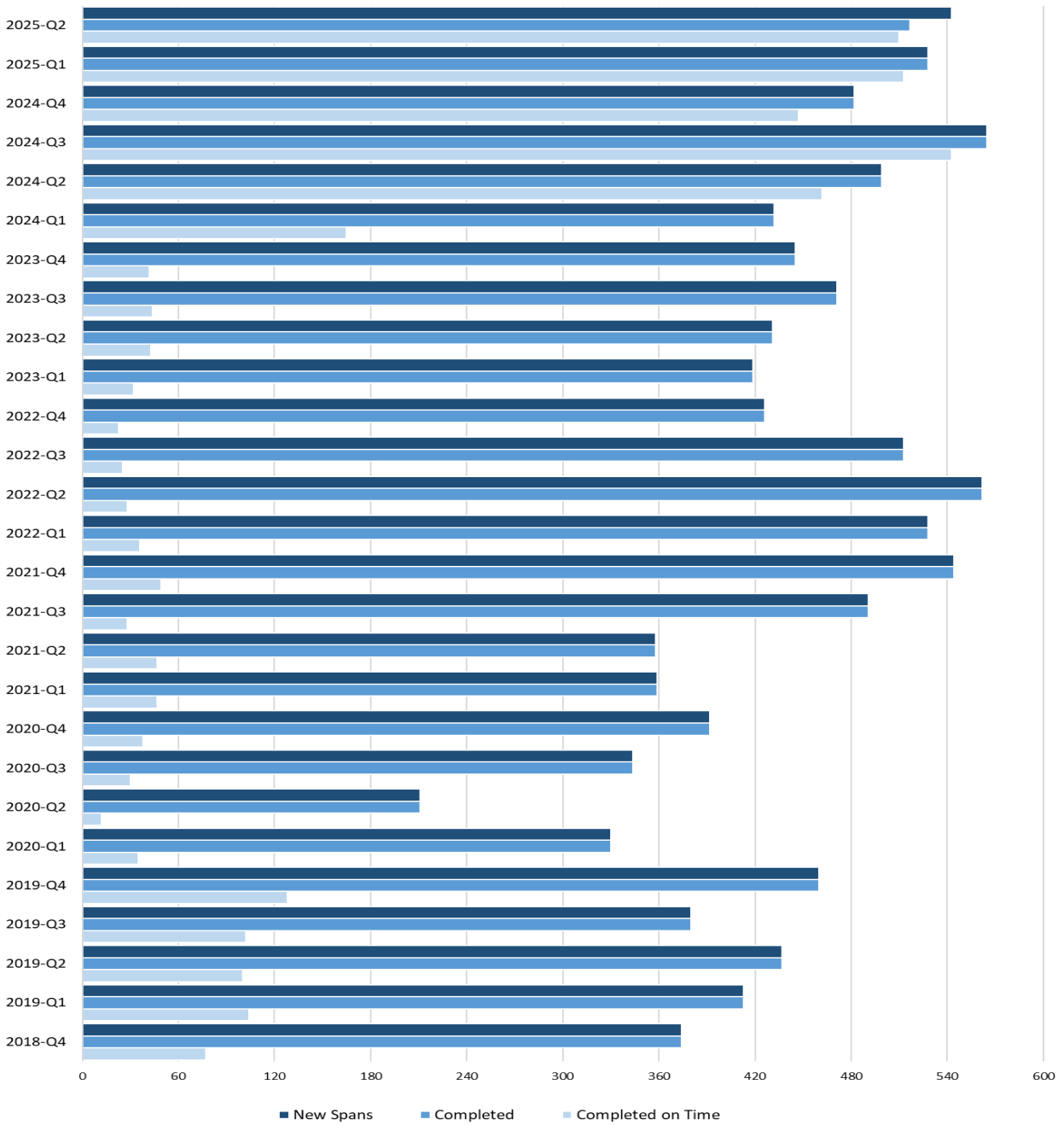


Table 1b shows the number of new court orders for inpatient competency restoration services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 1b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Order completions in Table 1b encompasses admissions like in Table 1a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status.

During Q2 2025, the number of inpatient restoration orders increased slightly by 2.8 percent. The number of inpatient competency restoration orders completed during Q2 was 543 orders; of the orders completed during Q2, the average days waiting for order completion statewide, between order for restoration and completion, was 4.5 days in Q2; and 98.6 percent of completed orders were completed on time. As time continues to elapse and distance from Q2 increases, a greater number of court orders originally signed in Q2 will be completed; thus, improving the number of orders completed and the percent completed. As additional orders continue to complete with elapsing time, other variables will perform negatively: average days waiting, number completed on time, and percent completed on time. As the Q2 2025 data continues to mature over the next several quarters, the performance variables are likely to decline somewhat; however, a significantly greater number of Q2 2025 orders completed within Q2 relative to preceding quarters, so the overall decline in Q2's future performance should be reasonably small.

Drivers: Following Q2 2022's record high 562 inpatient restoration orders, new orders decreased moderately before increasing again in mid-2023. Some of this decrease in demand is likely seasonal, as during the late fall through winter months OFMHS normally sees reduced order activity. Restoration services demand, over the last 11 quarters since Q2 2022 appears to have tracked in line with expectations, until significant increases in Q2 and Q3 2024. Q3 2024 set a new record of 565 orders. While Q4 2024 orders decreased significantly as compared to Q3, Q4 2024's 482 orders remained at a high level of demand. During these last 6.75 years, competency restoration orders have averaged 442.1 per quarter, so Q4 2024 is significantly higher than the statewide average. Q4's significant decline in orders relative to Q3 is primarily a function of seasonal decreases in demand. Q1 and Q2 2025's orders returned to the trend of increasing orders, with Q2 2025's 543 orders in the top 5 quarters of all time. Extremely high levels of competency evaluations orders remain a significant factor contributing to near record levels of restoration orders even during a season of the year, which is typically slower. With the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days.

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Table 2a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

| | Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | |
|---------|------------------------------|----|-------|-------|---|-------|------------------------------|---|-------|-------|---|--------|------------------------------|----|-------|-------|---|-------|
| | Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | |
| | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | |
| | Percent Admitted (4) | | | | | | Percent Admitted (4) | | | | | | Percent Admitted (4) | | | | | |
| | Admitted (4) | | | | | | Admitted (4) | | | | | | Admitted (4) | | | | | |
| | New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL (7) | | | | | |
| 2018-Q4 | 53 | 18 | 34.0% | 189.7 | 3 | 16.7% | 6 | 0 | 0.0% | n/a | 0 | n/a | 47 | 18 | 38.3% | 189.7 | 3 | 16.7% |
| 2019-Q1 | 69 | 25 | 36.2% | 143.2 | 3 | 12.0% | 6 | 3 | 50.0% | 65.3 | 1 | 33.3% | 63 | 22 | 34.9% | 153.8 | 2 | 9.1% |
| 2019-Q2 | 64 | 23 | 35.9% | 203.9 | 2 | 8.7% | 7 | 4 | 57.1% | 46.8 | 1 | 25.0% | 57 | 19 | 33.3% | 236.9 | 1 | 5.3% |
| 2019-Q3 | 59 | 12 | 20.3% | 115.4 | 3 | 25.0% | 4 | 0 | 0.0% | n/a | 0 | n/a | 55 | 12 | 21.8% | 115.4 | 3 | 25.0% |
| 2019-Q4 | 67 | 15 | 22.4% | 181.2 | 4 | 26.7% | 6 | 2 | 33.3% | 42.5 | 1 | 50.0% | 61 | 13 | 21.3% | 202.5 | 3 | 23.1% |
| 2020-Q1 | 61 | 9 | 14.8% | 329.3 | 1 | 11.1% | 5 | 1 | 20.0% | 237.0 | 0 | 0.0% | 56 | 8 | 14.3% | 340.9 | 1 | 12.5% |
| 2020-Q2 | 53 | 7 | 13.2% | 177.9 | 1 | 14.3% | 7 | 0 | 0.0% | n/a | 0 | n/a | 46 | 7 | 15.2% | 177.9 | 1 | 14.3% |
| 2020-Q3 | 64 | 16 | 25.0% | 230.2 | 2 | 12.5% | 12 | 2 | 16.7% | 331.5 | 0 | 0.0% | 52 | 14 | 26.9% | 215.7 | 2 | 14.3% |
| 2020-Q4 | 63 | 13 | 20.6% | 294.5 | 2 | 15.4% | 6 | 1 | 16.7% | 42.0 | 0 | 0.0% | 57 | 12 | 21.1% | 315.6 | 2 | 16.7% |
| 2021-Q1 | 62 | 12 | 19.4% | 262.3 | 2 | 16.7% | 8 | 0 | 0.0% | n/a | 0 | n/a | 54 | 12 | 22.2% | 262.3 | 2 | 16.7% |
| 2021-Q2 | 39 | 11 | 28.2% | 197.1 | 4 | 36.4% | 5 | 1 | 20.0% | 70.0 | 0 | 0.0% | 34 | 10 | 29.4% | 209.8 | 4 | 40.0% |
| 2021-Q3 | 70 | 7 | 10.0% | 421.6 | 2 | 28.6% | 13 | 3 | 23.1% | 289.7 | 2 | 66.7% | 57 | 4 | 7.0% | 520.5 | 0 | 0.0% |
| 2021-Q4 | 97 | 6 | 6.2% | 288.2 | 0 | 0.0% | 14 | 1 | 7.1% | 735.0 | 0 | 0.0% | 83 | 5 | 6.0% | 198.8 | 0 | 0.0% |
| 2022-Q1 | 84 | 8 | 9.5% | 306.6 | 0 | 0.0% | 12 | 0 | 0.0% | n/a | 0 | n/a | 72 | 8 | 11.1% | 306.6 | 0 | 0.0% |
| 2022-Q2 | 92 | 5 | 5.4% | 400.6 | 1 | 20.0% | 14 | 0 | 0.0% | n/a | 0 | n/a | 78 | 5 | 6.4% | 400.6 | 1 | 20.0% |
| 2022-Q3 | 92 | 8 | 8.7% | 431.5 | 0 | 0.0% | 16 | 3 | 18.8% | 310.3 | 0 | 0.0% | 76 | 5 | 6.6% | 504.2 | 0 | 0.0% |
| 2022-Q4 | 92 | 8 | 8.7% | 396.1 | 1 | 12.5% | 16 | 1 | 6.3% | 184.0 | 0 | 0.0% | 76 | 7 | 9.2% | 426.4 | 1 | 14.3% |
| 2023-Q1 | 102 | 13 | 12.7% | 244.1 | 1 | 7.7% | 13 | 2 | 15.4% | 153.5 | 0 | 0.0% | 89 | 11 | 12.4% | 260.5 | 1 | 9.1% |
| 2023-Q2 | 89 | 15 | 16.9% | 259.9 | 4 | 26.7% | 15 | 4 | 26.7% | 378.0 | 0 | 0.0% | 74 | 11 | 14.9% | 217.0 | 4 | 36.4% |
| 2023-Q3 | 57 | 5 | 8.8% | 400.8 | 1 | 20.0% | 5 | 0 | 0.0% | n/a | 0 | n/a | 52 | 5 | 9.6% | 400.8 | 1 | 20.0% |
| 2023-Q4 | 50 | 8 | 16.0% | 142.3 | 0 | 0.0% | 5 | 2 | 40.0% | 114.0 | 0 | 0.0% | 45 | 6 | 13.3% | 151.7 | 0 | 0.0% |
| 2024-Q1 | 40 | 6 | 15.0% | 77.8 | 3 | 50.0% | 4 | 1 | 25.0% | 20.0 | 1 | 100.0% | 36 | 5 | 13.9% | 89.4 | 2 | 40.0% |
| 2024-Q2 | 35 | 9 | 25.7% | 95.8 | 1 | 11.1% | 3 | 0 | 0.0% | n/a | 0 | n/a | 32 | 9 | 28.1% | 95.8 | 1 | 11.1% |
| 2024-Q3 | 34 | 8 | 23.5% | 164.3 | 0 | 0.0% | 1 | 0 | 0.0% | n/a | 0 | n/a | 33 | 8 | 24.2% | 164.3 | 0 | 0.0% |
| 2024-Q4 | 17 | 8 | 47.1% | 62.4 | 1 | 12.5% | 0 | 0 | n/a | n/a | 0 | n/a | 17 | 8 | 47.1% | 62.4 | 1 | 12.5% |
| 2025-Q1 | 24 | 2 | 8.3% | 71.5 | 0 | 0.0% | 13 | 1 | 7.7% | 95.0 | 0 | 0.0% | 11 | 1 | 9.1% | 48.0 | 0 | 0.0% |
| 2025-Q2 | 34 | 4 | 11.8% | 45.0 | 0 | 0.0% | 5 | 0 | 0.0% | n/a | 0 | n/a | 29 | 4 | 13.8% | 45.0 | 0 | 0.0% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 2a:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=3,313), or while in prison (n=5).

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(3) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

(4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

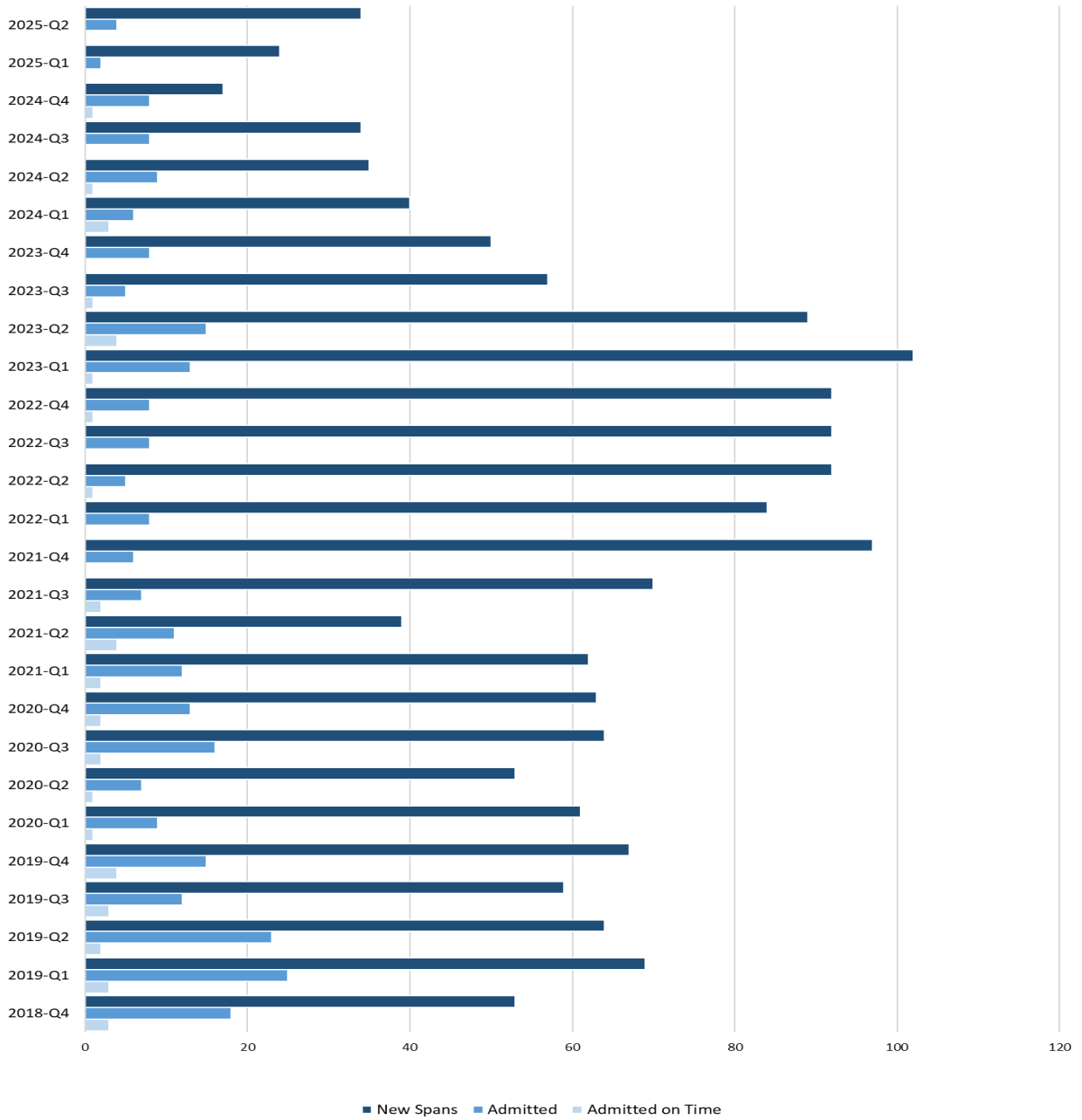
(5) The average number of days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

(7) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers, formerly known as Restoration Treatment Facilities.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 2a - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 2a displays the number of new court orders and orders admitted for inpatient competency restoration services by quarter for people waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 2a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: During Q2 2025, the number of inpatient competency restoration orders for people waiting in the community was 34, and the number admitted while waiting in the community was zero. As time elapses, people waiting for restoration services in the community on personal recognizance will be admitted for competency services, and the Q2 data will begin to resemble preceding quarters more closely.

Drivers: During periods of high system demand and low bed vacancy rates, like what is currently being experienced in the state's inpatient facilities, Trueblood Class members take priority for inpatient beds; however, during Q2 2024 BHHA began work to admit out-of-custody people to competency restoration, both on an inpatient and outpatient basis. People are ranked by the date their competency restoration orders were signed, and they are admitted from the top and bottom of the waitlist simultaneously to maximize efficiency. Significant progress has been made over the last year in cleaning up the out of custody waitlist (by removing people who are no longer in need of services).

When there is reason to believe people's competency status has improved and at least one year has passed since their most recent forensic evaluation, an out-of-custody evaluation can be ordered to determine whether people are still in need of competency restoration before admitting them to OCRP or an inpatient facility for competency restoration.

We are also engaged in ongoing work to assess the needs of out-of-custody people as it relates to competency restoration and the most appropriate level of care for them. In regions where there is a current Outpatient Competency Restoration Program established with available and adequate space, people are assessed by a Forensic Navigator for out of custody restoration. If appropriate for the individual's needs, OCRP allows an opportunity for people to remain in the community to receive competency restoration services. As of Q3 2024, 16 counties have full implementation of outpatient restoration as an option.

In May 2024, the inpatient admissions waitlist for defendants released on personal recognizance held approximately 275 people. Over the last 15 months, resources have been dedicated to addressing these specific orders on the inpatient waitlist. While the waitlist numbers are fluid, as competency restoration orders are continually added and subtracted from the waitlist, as of August 2025, there are approximately 66 people on WSH's active PR inpatient admission waitlist and seven on ESH's active PR inpatient admission waitlist. A review and status update on all orders remaining on the list resulted in an additional 84 orders being closed and removed from the waitlist due to defendants entering a plea, charges being dismissed by the court, determination that some people were deceased, and people being found competent by the court following their evaluations. Other people have been diverted from inpatient admission through enrollment in OCRP and others have been re-evaluated and found competent. During this time period, approximately 20 people with competency restoration orders have been admitted to inpatient facilities from the PR inpatient admission waitlist.

¹The number of restoration cases "addressed" includes cases admitted to WSH, ESH, and our BHTC facilities for restoration treatment. It also includes cases removed from the waitlist due to reasons such as enrolling in OCRP, being found competent after a new evaluation, learning the person has passed away since their order was signed, having cases dismissed, being in warrant status for more than one year without any means of contact, and/or lack of response from defendants' defense attorneys. Ultimately, these individuals are no longer waiting for available beds for competency restoration. Each time individuals are removed from the waitlist, a case status report is submitted to the court, along with defense and prosecution, to formally inform them of the actions taken.

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Table 2b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

| | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | |
|---------|-------------------------------|----|--------|-------|----|-------|-------------------------------|----|--------|-------|---|-------|-------------------------------|----|--------|-------|----|-------|
| | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | |
| | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | |
| | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | |
| | Completed (4) | | | | | | Completed (4) | | | | | | Completed (4) | | | | | |
| | New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL (7) | | | | | |
| 2018-Q4 | 53 | 53 | 100.0% | 189.8 | 11 | 20.8% | 6 | 6 | 100.0% | 196.0 | 0 | 0.0% | 47 | 47 | 100.0% | 189.0 | 11 | 23.4% |
| 2019-Q1 | 69 | 69 | 100.0% | 230.3 | 13 | 18.8% | 6 | 6 | 100.0% | 173.5 | 2 | 33.3% | 63 | 63 | 100.0% | 235.8 | 11 | 17.5% |
| 2019-Q2 | 64 | 64 | 100.0% | 205.2 | 14 | 21.9% | 7 | 7 | 100.0% | 64.0 | 2 | 28.6% | 57 | 57 | 100.0% | 222.5 | 12 | 21.1% |
| 2019-Q3 | 59 | 59 | 100.0% | 251.7 | 13 | 22.0% | 4 | 4 | 100.0% | 331.8 | 1 | 25.0% | 55 | 55 | 100.0% | 245.9 | 12 | 21.8% |
| 2019-Q4 | 67 | 67 | 100.0% | 272.8 | 12 | 17.9% | 6 | 6 | 100.0% | 281.5 | 1 | 16.7% | 61 | 61 | 100.0% | 271.9 | 11 | 18.0% |
| 2020-Q1 | 61 | 60 | 98.4% | 346.6 | 7 | 11.7% | 5 | 5 | 100.0% | 449.4 | 0 | 0.0% | 56 | 55 | 98.2% | 337.3 | 7 | 12.7% |
| 2020-Q2 | 53 | 51 | 96.2% | 287.0 | 7 | 13.7% | 7 | 5 | 71.4% | 87.8 | 1 | 20.0% | 46 | 46 | 100.0% | 308.6 | 6 | 13.0% |
| 2020-Q3 | 64 | 63 | 98.4% | 219.5 | 12 | 19.0% | 12 | 12 | 100.0% | 212.7 | 4 | 33.3% | 52 | 51 | 98.1% | 221.1 | 8 | 15.7% |
| 2020-Q4 | 63 | 61 | 96.8% | 255.8 | 10 | 16.4% | 6 | 6 | 100.0% | 87.5 | 1 | 16.7% | 57 | 55 | 96.5% | 274.1 | 9 | 16.4% |
| 2021-Q1 | 62 | 60 | 96.8% | 269.5 | 13 | 21.7% | 8 | 8 | 100.0% | 135.6 | 4 | 50.0% | 54 | 52 | 96.3% | 290.1 | 9 | 17.3% |
| 2021-Q2 | 39 | 38 | 97.4% | 299.3 | 7 | 18.4% | 5 | 5 | 100.0% | 72.2 | 1 | 20.0% | 34 | 33 | 97.1% | 333.8 | 6 | 18.2% |
| 2021-Q3 | 70 | 67 | 95.7% | 320.3 | 10 | 14.9% | 13 | 13 | 100.0% | 229.0 | 4 | 30.8% | 57 | 54 | 94.7% | 342.2 | 6 | 11.1% |
| 2021-Q4 | 97 | 92 | 94.8% | 330.4 | 7 | 7.6% | 14 | 14 | 100.0% | 364.8 | 0 | 0.0% | 83 | 78 | 94.0% | 324.3 | 7 | 9.0% |
| 2022-Q1 | 84 | 82 | 97.6% | 363.6 | 9 | 11.0% | 12 | 12 | 100.0% | 563.8 | 2 | 16.7% | 72 | 70 | 97.2% | 329.3 | 7 | 10.0% |
| 2022-Q2 | 92 | 87 | 94.6% | 310.1 | 11 | 12.6% | 14 | 14 | 100.0% | 197.3 | 1 | 7.1% | 78 | 73 | 93.6% | 331.7 | 10 | 13.7% |
| 2022-Q3 | 92 | 87 | 94.6% | 266.8 | 13 | 14.9% | 16 | 16 | 100.0% | 298.3 | 0 | 0.0% | 76 | 71 | 93.4% | 259.7 | 13 | 18.3% |
| 2022-Q4 | 92 | 87 | 94.6% | 353.0 | 7 | 8.0% | 16 | 15 | 93.8% | 324.7 | 2 | 13.3% | 76 | 72 | 94.7% | 358.8 | 5 | 6.9% |
| 2023-Q1 | 102 | 91 | 89.2% | 244.2 | 9 | 9.9% | 13 | 12 | 92.3% | 268.9 | 0 | 0.0% | 89 | 79 | 88.8% | 240.4 | 9 | 11.4% |
| 2023-Q2 | 89 | 70 | 78.7% | 207.1 | 14 | 20.0% | 15 | 13 | 86.7% | 249.3 | 2 | 15.4% | 74 | 57 | 77.0% | 197.5 | 12 | 21.1% |
| 2023-Q3 | 57 | 49 | 86.0% | 219.1 | 10 | 20.4% | 5 | 4 | 80.0% | 192.0 | 2 | 50.0% | 52 | 45 | 86.5% | 221.5 | 8 | 17.8% |
| 2023-Q4 | 50 | 38 | 76.0% | 192.1 | 3 | 7.9% | 5 | 5 | 100.0% | 247.6 | 0 | 0.0% | 45 | 33 | 73.3% | 183.6 | 3 | 9.1% |
| 2024-Q1 | 40 | 32 | 80.0% | 112.9 | 6 | 18.8% | 4 | 3 | 75.0% | 80.7 | 1 | 33.3% | 36 | 29 | 80.6% | 116.3 | 5 | 17.2% |
| 2024-Q2 | 35 | 34 | 97.1% | 94.1 | 4 | 11.8% | 3 | 2 | 66.7% | 157.0 | 0 | 0.0% | 32 | 32 | 100.0% | 90.2 | 4 | 12.5% |
| 2024-Q3 | 34 | 26 | 76.5% | 137.7 | 1 | 3.8% | 1 | 1 | 100.0% | 67.0 | 0 | 0.0% | 33 | 25 | 75.8% | 140.5 | 1 | 4.0% |
| 2024-Q4 | 17 | 15 | 88.2% | 69.7 | 3 | 20.0% | 0 | 0 | n/a | n/a | 0 | n/a | 17 | 15 | 88.2% | 69.7 | 3 | 20.0% |
| 2025-Q1 | 24 | 13 | 54.2% | 61.3 | 2 | 15.4% | 13 | 7 | 53.8% | 80.7 | 0 | 0.0% | 11 | 6 | 54.5% | 38.7 | 2 | 33.3% |
| 2025-Q2 | 34 | 11 | 32.4% | 47.4 | 1 | 9.1% | 5 | 1 | 20.0% | 47.0 | 0 | 0.0% | 29 | 10 | 34.5% | 47.4 | 1 | 10.0% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 2b:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=3,313), or while in prison (n=5).

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 2a above in that it includes all completions, not just those where the client was admitted to a facility.

(3) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

(4) Number and percentage of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

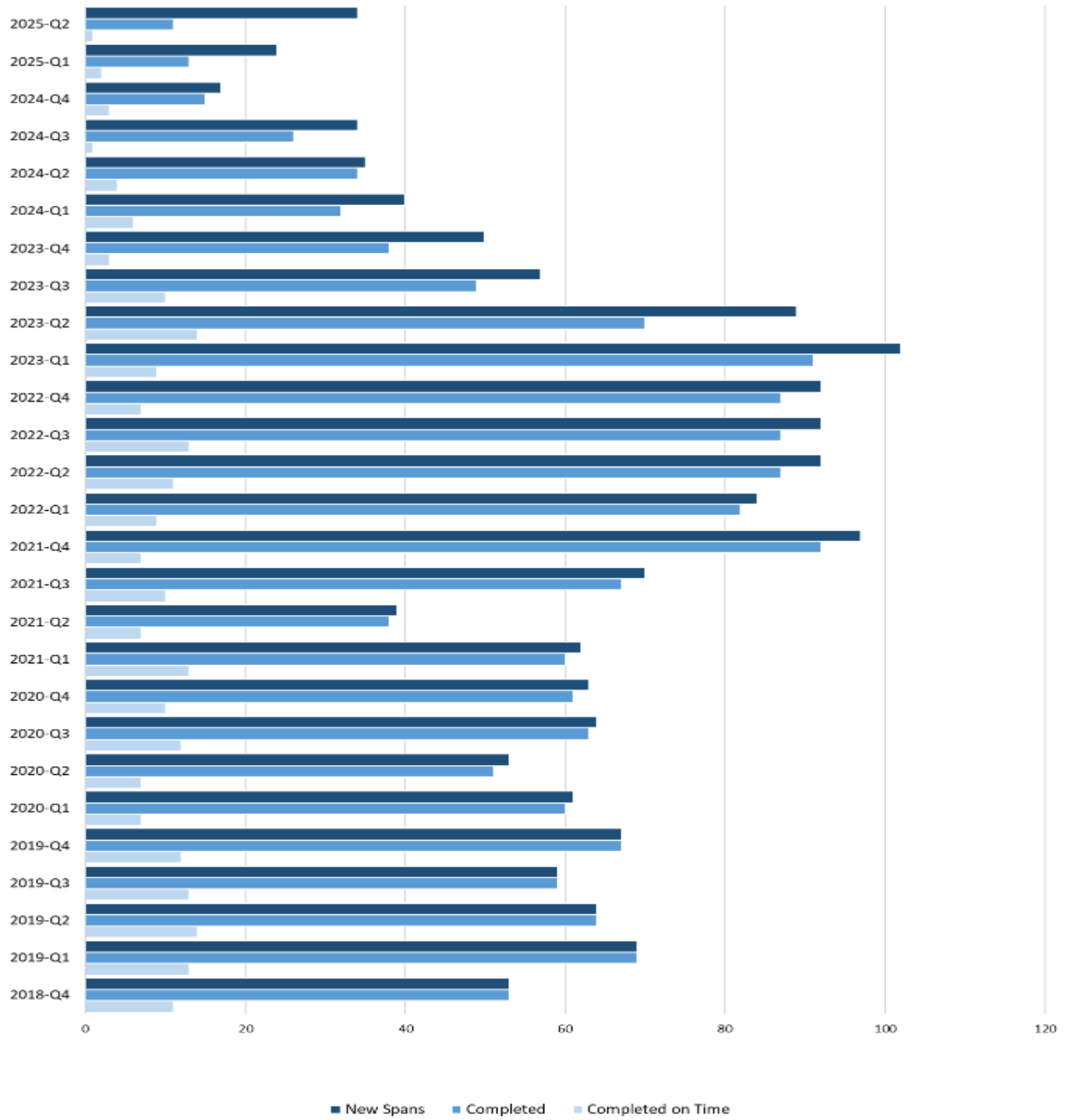
(5) The average number of days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percentage of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

(7) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers, formerly known as Restoration Treatment Facilities.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 2b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 2b displays the number of new court orders and completed court orders for inpatient competency restoration services by quarter for people waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 2b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Order completions in Table 2b encompasses admissions like in Table 2a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status. In Q2 2025, there were 34 new inpatient restoration orders statewide for clients waiting for services in the community, and five of those orders completed during Q2. For statewide orders that were completed during Q2, the average days to completion was 47.4 days, and the percent of completed orders that were completed on time was 9.1 percent. As time continues to elapse, additional in the community/personal recognizance orders will continue completing, and the data in Table 2b and Figure 2b will begin to resemble preceding quarters more closely.

Drivers: During periods of high system demand and constrained throughput, like what is currently being experienced in the state's inpatient facilities, Trueblood Class members take priority for inpatient beds; however, we have started in this quarter to work in admitting out-of-custody people to competency restoration, both on an inpatient and outpatient basis. PeoplePeople are ranked by the date their competency restoration orders were signed, and they are admitted from the top and bottom of the waitlist simultaneously to maximize efficiency. Significant progress has been made over the last year in cleaning up the out of custody waitlist.

When there is reason to believe people's competency status has improved and at least one year has passed since their most recent forensic evaluation, an out-of-custody evaluation can be ordered to determine whether people are still in need of competency restoration before admitting them to OCRP or an inpatient facility for competency restoration.

We are also engaged in ongoing work to assess the needs of out-of-custody people as it relates to competency restoration and the most appropriate level of care for them. In regions where there is a current Outpatient Competency Restoration Program established with available and adequate space, people are assessed by a Forensic Navigator for out of custody restoration. If appropriate for the individual's needs, OCRP allows an opportunity for people to remain in the community to receive competency restoration services. As of Q3 2024, 16 counties have full implementation of outpatient restoration as an option.

Forensic Admissions and Evaluations-Performance Targets 2025-Q2
 October 1, 2025

| 5664 QUARTERLY REPORTING | | | | | | | | | | | | | | | | | | |
|--|-----|----|--------|-------|----|------------------------------|----|----|--------|-------|----|------------------------------|----|----|--------|-------|----|--------|
| Table 3a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1) for individuals WAITING IN JAIL for services, by quarter (2) | | | | | | | | | | | | | | | | | | |
| Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | | |
| Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | | |
| Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | |
| Percent Admitted (4) | | | | | | Percent Admitted (4) | | | | | | Percent Admitted (4) | | | | | | |
| Admitted (4) | | | | | | Admitted (4) | | | | | | Admitted (4) | | | | | | |
| New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | | |
| STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | | |
| 2018-Q4 | 73 | 66 | 90.4% | 30.8 | 4 | 6.1% | 36 | 31 | 86.1% | 20.0 | 4 | 12.9% | 37 | 35 | 94.6% | 40.3 | 0 | 0.0% |
| 2019-Q1 | 65 | 49 | 75.4% | 29.1 | 9 | 18.4% | 27 | 20 | 74.1% | 29.3 | 3 | 15.0% | 38 | 29 | 76.3% | 29.0 | 6 | 20.7% |
| 2019-Q2 | 72 | 50 | 69.4% | 42.2 | 4 | 8.0% | 35 | 22 | 62.9% | 45.8 | 1 | 4.5% | 37 | 28 | 75.7% | 39.3 | 3 | 10.7% |
| 2019-Q3 | 61 | 45 | 73.8% | 41.7 | 5 | 11.1% | 31 | 18 | 58.1% | 33.5 | 3 | 16.7% | 30 | 27 | 90.0% | 47.1 | 2 | 7.4% |
| 2019-Q4 | 39 | 27 | 69.2% | 26.0 | 2 | 7.4% | 28 | 16 | 57.1% | 29.1 | 1 | 6.3% | 11 | 11 | 100.0% | 21.5 | 1 | 9.1% |
| 2020-Q1 | 41 | 28 | 68.3% | 69.3 | 2 | 7.1% | 21 | 10 | 47.6% | 68.1 | 1 | 10.0% | 20 | 18 | 90.0% | 69.9 | 1 | 5.6% |
| 2020-Q2 | 39 | 17 | 43.6% | 76.5 | 1 | 5.9% | 21 | 8 | 38.1% | 103.1 | 0 | 0.0% | 18 | 9 | 50.0% | 52.9 | 1 | 11.1% |
| 2020-Q3 | 44 | 22 | 50.0% | 58.8 | 0 | 0.0% | 25 | 9 | 36.0% | 64.2 | 0 | 0.0% | 19 | 13 | 68.4% | 55.1 | 0 | 0.0% |
| 2020-Q4 | 93 | 67 | 72.0% | 56.5 | 5 | 7.5% | 46 | 32 | 69.6% | 51.1 | 4 | 12.5% | 47 | 35 | 74.5% | 61.5 | 1 | 2.9% |
| 2021-Q1 | 90 | 52 | 57.8% | 39.7 | 2 | 3.8% | 54 | 30 | 55.6% | 35.3 | 2 | 6.7% | 36 | 22 | 61.1% | 45.6 | 0 | 0.0% |
| 2021-Q2 | 67 | 52 | 77.6% | 23.9 | 4 | 7.7% | 26 | 20 | 76.9% | 19.4 | 2 | 10.0% | 41 | 32 | 78.0% | 26.8 | 2 | 6.3% |
| 2021-Q3 | 87 | 63 | 72.4% | 42.2 | 5 | 7.9% | 32 | 22 | 68.8% | 46.2 | 0 | 0.0% | 55 | 41 | 74.5% | 40.0 | 5 | 12.2% |
| 2021-Q4 | 73 | 60 | 82.2% | 52.3 | 5 | 8.3% | 30 | 23 | 76.7% | 66.6 | 2 | 8.7% | 43 | 37 | 86.0% | 43.3 | 3 | 8.1% |
| 2022-Q1 | 70 | 42 | 60.0% | 65.9 | 6 | 14.3% | 32 | 21 | 65.6% | 65.2 | 2 | 9.5% | 38 | 21 | 55.3% | 66.7 | 4 | 19.0% |
| 2022-Q2 | 62 | 33 | 53.2% | 81.5 | 2 | 6.1% | 35 | 17 | 48.6% | 96.9 | 1 | 5.9% | 27 | 16 | 59.3% | 65.1 | 1 | 6.3% |
| 2022-Q3 | 107 | 50 | 46.7% | 72.6 | 9 | 18.0% | 54 | 27 | 50.0% | 66.5 | 4 | 14.8% | 53 | 23 | 43.4% | 79.8 | 5 | 21.7% |
| 2022-Q4 | 57 | 18 | 31.6% | 115.0 | 0 | 0.0% | 25 | 11 | 44.0% | 112.7 | 0 | 0.0% | 32 | 7 | 21.9% | 118.6 | 0 | 0.0% |
| 2023-Q1 | 32 | 20 | 62.5% | 75.2 | 0 | 0.0% | 22 | 15 | 68.2% | 64.1 | 0 | 0.0% | 10 | 5 | 50.0% | 108.2 | 0 | 0.0% |
| 2023-Q2 | 20 | 10 | 50.0% | 44.8 | 1 | 10.0% | 10 | 6 | 60.0% | 33.3 | 1 | 16.7% | 10 | 4 | 40.0% | 62.0 | 0 | 0.0% |
| 2023-Q3 | 46 | 38 | 82.6% | 40.7 | 4 | 10.5% | 14 | 11 | 78.6% | 40.3 | 2 | 18.2% | 32 | 27 | 84.4% | 40.9 | 2 | 7.4% |
| 2023-Q4 | 29 | 26 | 89.7% | 26.0 | 3 | 11.5% | 8 | 6 | 75.0% | 33.3 | 0 | 0.0% | 21 | 20 | 95.2% | 23.8 | 3 | 15.0% |
| 2024-Q1 | 35 | 35 | 100.0% | 8.9 | 16 | 45.7% | 14 | 14 | 100.0% | 8.5 | 6 | 42.9% | 21 | 21 | 100.0% | 9.1 | 10 | 47.6% |
| 2024-Q2 | 44 | 41 | 93.2% | 6.1 | 38 | 92.7% | 15 | 13 | 86.7% | 6.4 | 11 | 84.6% | 29 | 28 | 96.6% | 6.0 | 27 | 96.4% |
| 2024-Q3 | 70 | 67 | 95.7% | 5.3 | 64 | 95.5% | 26 | 26 | 100.0% | 5.2 | 23 | 88.5% | 44 | 41 | 93.2% | 5.4 | 41 | 100.0% |
| 2024-Q4 | 57 | 56 | 98.2% | 5.5 | 53 | 94.6% | 22 | 22 | 100.0% | 5.5 | 20 | 90.9% | 35 | 34 | 97.1% | 5.5 | 33 | 97.1% |
| 2025-Q1 | 85 | 79 | 92.9% | 6.2 | 74 | 93.7% | 26 | 24 | 92.3% | 7.0 | 21 | 87.5% | 59 | 55 | 93.2% | 5.9 | 53 | 96.4% |
| 2025-Q2 | 63 | 59 | 93.7% | 4.5 | 58 | 98.3% | 15 | 15 | 100.0% | 4.6 | 15 | 100.0% | 48 | 44 | 91.7% | 4.5 | 43 | 97.7% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 3a:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(3) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

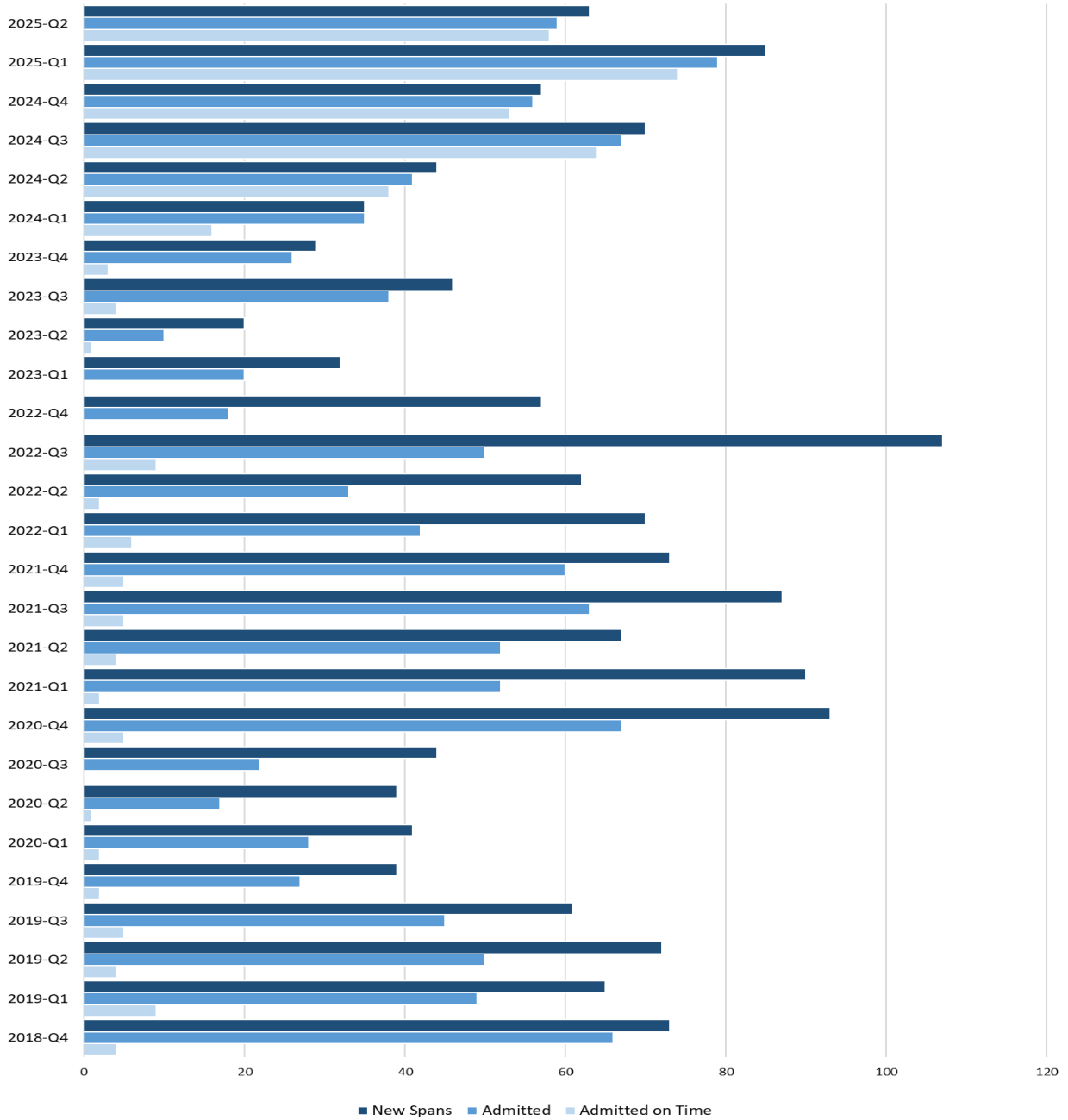
(4) Number and percentage of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(5) The average number of days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail peoplepeople awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.

**Figure 3a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT WAS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 3a shows the number of new court orders for inpatient competency evaluation services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 3a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: New inpatient evaluation orders for clients waiting in jail decreased 25.9 percent statewide from 85 to 63 in Q2 2025 after remaining in a mixed quarter-by-quarter trend of significant increases in orders followed by significant decreases since Q1 2022. Fifty-nine orders were admitted under this legal authority statewide in Q2 2025.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small number of orders using this legal authority. The percent admitted and percent admitted on time variables are subject to dramatic swings in both positive and negative directions as a result. Orders will continue to admit to the state hospitals in future quarters.

Drivers: Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: (1) Court officials determine an inpatient setting is appropriate for a given client or situation; or (2) A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Since DSHS obtained compliance with the 7.0-day average admission standard in April 2024, almost all clients who face waits exceeding seven days, do so as a result of external factors beyond DSHS' control. Such factors primarily include jails with staffing limitations that temporarily inhibit their ability to transport defendants to our facilities. Likewise, defendants occasionally experience acute medical and/or psychiatric crises, which render them unfit for jail transport or necessitate hospitalization prior to their inpatient admission to a DSHS facility. Unfortunately, these events, while infrequent, can also delay inpatient admission to DSHS treatment facilities.

Admission waits decreased significantly over the eight quarters following Q4 2022 through Q4 2024. For the first time in more than two years, wait times increased in Q1 2025 (from 5.5 to 6.0 days or 9.1%) but decreased again in Q2 2025 (to 4.3 days or 28.3%). Overall, inpatient evaluation admissions continue to trend in the right direction toward substantial compliance with the state's standards.

Throughout 2023 and continuing through Q2 2025, a BHHA-level executive team has closely managed limited beds to increase client throughput and efficiency of utilization. As part of that process, OFMHS has been educating courts about the speed of jail-based evaluations compared to the overall duration of inpatient evaluations and contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. While this approach has been largely successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed, with inpatient wait times decreasing, OFMHS has seen some increasing order levels for the inpatient evaluation legal authority as many attorneys believe this is the fastest way to obtain competency restoration services for their clients. High levels of demand for jail-based evaluations with complex symptom presentation led to an above average subset of client's requiring inpatient evaluations, which is reflected in the inpatient evaluations demand in Q2 2025. Overall, with the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days.

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Table 3b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN JAIL for services, by quarter (2)

| | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | |
|-----------|-------------------------------|-----|--------|------|----|-------|-------------------------------|----|--------|-------|----|--------|-------------------------------|----|--------|------|----|-------|
| | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | |
| | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | |
| | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | |
| | Completed (4) | | | | | | Completed (4) | | | | | | Completed (4) | | | | | |
| | New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | |
| STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 73 | 73 | 100.0% | 29.5 | 6 | 8.2% | 36 | 36 | 100.0% | 18.8 | 6 | 16.7% | 37 | 37 | 100.0% | 40.1 | 0 | 0.0% |
| 2019-Q1 | 65 | 65 | 100.0% | 26.1 | 14 | 21.5% | 27 | 27 | 100.0% | 26.5 | 6 | 22.2% | 38 | 38 | 100.0% | 25.8 | 8 | 21.1% |
| 2019-Q2 | 72 | 72 | 100.0% | 42.5 | 5 | 6.9% | 35 | 35 | 100.0% | 40.3 | 2 | 5.7% | 37 | 37 | 100.0% | 44.5 | 3 | 8.1% |
| 2019-Q3 | 61 | 61 | 100.0% | 34.7 | 9 | 14.8% | 31 | 31 | 100.0% | 25.8 | 6 | 19.4% | 30 | 30 | 100.0% | 43.9 | 3 | 10.0% |
| 2019-Q4 | 39 | 39 | 100.0% | 23.0 | 7 | 17.9% | 28 | 28 | 100.0% | 23.5 | 6 | 21.4% | 11 | 11 | 100.0% | 21.5 | 1 | 9.1% |
| 2020-Q1 | 41 | 41 | 100.0% | 57.2 | 6 | 14.6% | 21 | 21 | 100.0% | 45.4 | 5 | 23.8% | 20 | 20 | 100.0% | 69.5 | 1 | 5.0% |
| 2020-Q2 | 39 | 39 | 100.0% | 65.7 | 3 | 7.7% | 21 | 21 | 100.0% | 71.1 | 2 | 9.5% | 18 | 18 | 100.0% | 59.4 | 1 | 5.6% |
| 2020-Q3 | 44 | 44 | 100.0% | 52.2 | 4 | 9.1% | 25 | 25 | 100.0% | 52.3 | 4 | 16.0% | 19 | 19 | 100.0% | 51.9 | 0 | 0.0% |
| 2020-Q4 | 93 | 93 | 100.0% | 50.2 | 8 | 8.6% | 46 | 46 | 100.0% | 46.4 | 6 | 13.0% | 47 | 47 | 100.0% | 53.9 | 2 | 4.3% |
| 2021-Q1 | 90 | 90 | 100.0% | 31.1 | 12 | 13.3% | 54 | 54 | 100.0% | 27.6 | 11 | 20.4% | 36 | 36 | 100.0% | 36.5 | 1 | 2.8% |
| 2021-Q2 | 67 | 67 | 100.0% | 23.7 | 12 | 17.9% | 26 | 26 | 100.0% | 15.8 | 8 | 30.8% | 41 | 41 | 100.0% | 28.8 | 4 | 9.8% |
| 2021-Q3 | 87 | 87 | 100.0% | 38.4 | 12 | 13.8% | 32 | 32 | 100.0% | 42.1 | 2 | 6.3% | 55 | 55 | 100.0% | 36.2 | 10 | 18.2% |
| 2021-Q4 | 73 | 73 | 100.0% | 49.7 | 7 | 9.6% | 30 | 30 | 100.0% | 59.6 | 4 | 13.3% | 43 | 43 | 100.0% | 42.8 | 3 | 7.0% |
| 2022-Q1 | 70 | 70 | 100.0% | 53.3 | 14 | 20.0% | 32 | 32 | 100.0% | 57.7 | 6 | 18.8% | 38 | 38 | 100.0% | 49.7 | 8 | 21.1% |
| 2022-Q2 | 62 | 62 | 100.0% | 63.2 | 7 | 11.3% | 35 | 35 | 100.0% | 63.0 | 5 | 14.3% | 27 | 27 | 100.0% | 63.4 | 2 | 7.4% |
| 2022-Q3 | 107 | 107 | 100.0% | 64.6 | 18 | 16.8% | 54 | 54 | 100.0% | 52.8 | 8 | 14.8% | 53 | 53 | 100.0% | 76.6 | 10 | 18.9% |
| 2022-Q4 | 57 | 57 | 100.0% | 91.2 | 2 | 3.5% | 25 | 25 | 100.0% | 107.9 | 1 | 4.0% | 32 | 32 | 100.0% | 78.1 | 1 | 3.1% |
| 2023-Q1 | 32 | 32 | 100.0% | 64.5 | 0 | 0.0% | 22 | 22 | 100.0% | 54.2 | 0 | 0.0% | 10 | 10 | 100.0% | 87.2 | 0 | 0.0% |
| 2023-Q2 | 20 | 20 | 100.0% | 30.3 | 4 | 20.0% | 10 | 10 | 100.0% | 26.4 | 3 | 30.0% | 10 | 10 | 100.0% | 34.1 | 1 | 10.0% |
| 2023-Q3 | 46 | 46 | 100.0% | 38.4 | 5 | 10.9% | 14 | 14 | 100.0% | 39.1 | 2 | 14.3% | 32 | 32 | 100.0% | 38.1 | 3 | 9.4% |
| 2023-Q4 | 29 | 29 | 100.0% | 25.0 | 3 | 10.3% | 8 | 8 | 100.0% | 28.9 | 0 | 0.0% | 21 | 21 | 100.0% | 23.5 | 3 | 14.3% |
| 2024-Q1 | 35 | 35 | 100.0% | 8.9 | 16 | 45.7% | 14 | 14 | 100.0% | 8.5 | 6 | 42.9% | 21 | 21 | 100.0% | 9.1 | 10 | 47.6% |
| 2024-Q2 | 44 | 44 | 100.0% | 6.1 | 41 | 93.2% | 15 | 15 | 100.0% | 6.3 | 13 | 86.7% | 29 | 29 | 100.0% | 6.0 | 28 | 96.6% |
| 2024-Q3 | 70 | 70 | 100.0% | 6.4 | 65 | 92.9% | 26 | 26 | 100.0% | 5.2 | 23 | 88.5% | 44 | 44 | 100.0% | 7.1 | 42 | 95.5% |
| 2024-Q4 | 57 | 57 | 100.0% | 5.5 | 54 | 94.7% | 22 | 22 | 100.0% | 5.5 | 20 | 90.9% | 35 | 35 | 100.0% | 5.5 | 34 | 97.1% |
| 2025-Q1 | 85 | 85 | 100.0% | 6.0 | 80 | 94.1% | 26 | 26 | 100.0% | 6.9 | 23 | 88.5% | 59 | 59 | 100.0% | 5.6 | 57 | 96.6% |
| 2025-Q2 | 63 | 62 | 98.4% | 4.3 | 61 | 98.4% | 15 | 15 | 100.0% | 4.6 | 15 | 100.0% | 48 | 47 | 97.9% | 4.3 | 46 | 97.9% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 3b:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 3a above in that it includes all completions, not just those where the client was admitted to a facility.

(3) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

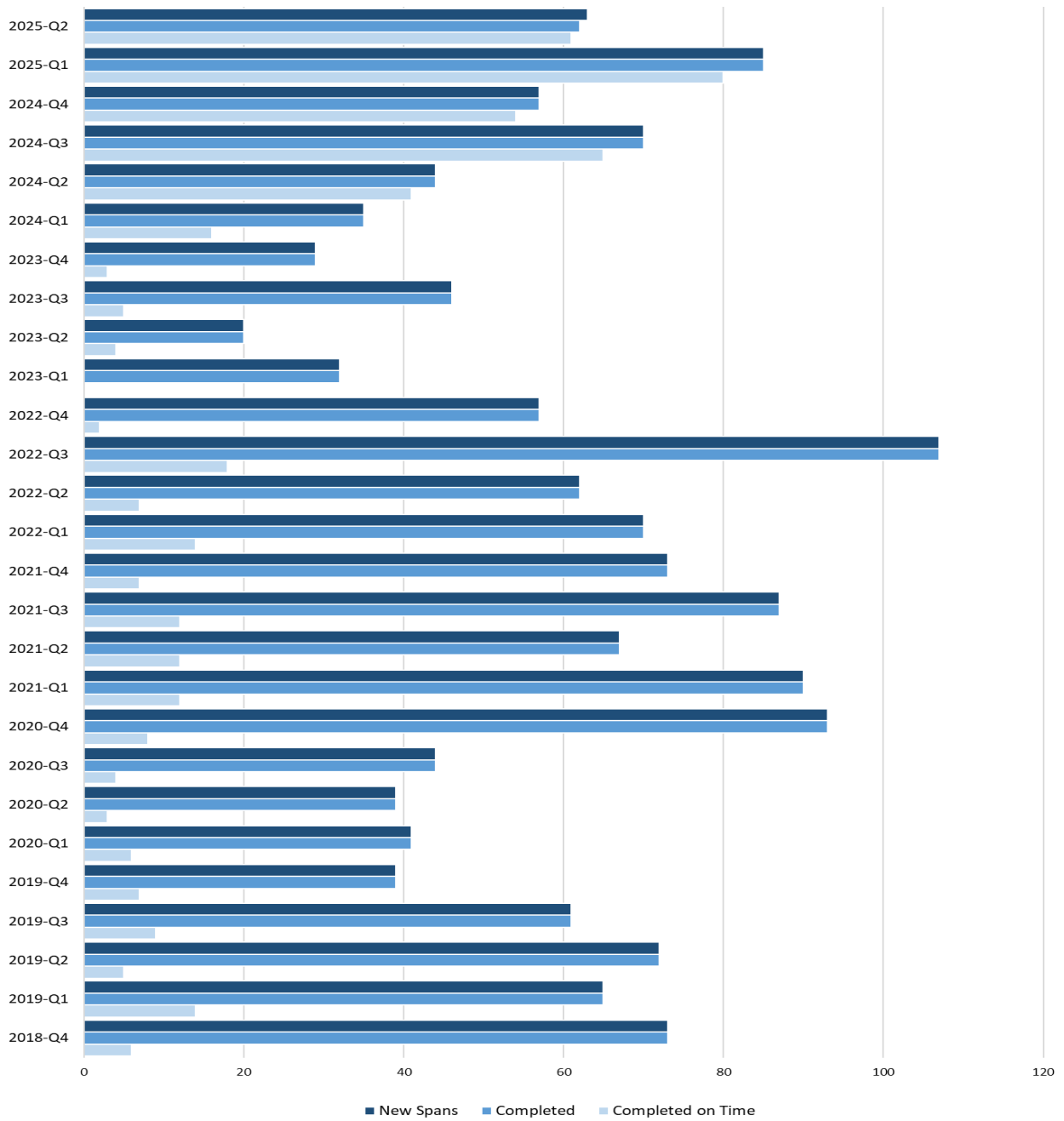
(4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(5) The average number of days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail people awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.

**Figure 3b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 3b shows the number of new court orders for inpatient competency restoration services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 3b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: New inpatient evaluation orders for clients waiting in jail decreased by 25.9 percent statewide from 85 to 63 in Q2 2025. Of the 62 orders completed (98.4%) under this legal authority statewide in Q2, 61 were completed on time (98.4%). Order completions include admissions to a state hospital for inpatient competency evaluation plus orders that complete for other reasons such as being withdrawn by the court or the client's status being changed.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small numbers of orders using this legal authority. The percent completed and percent completed on time variables are subject to dramatic swings in both positive and negative directions as a result. Additional orders will continue completing over the next several quarters.

Drivers: Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: (1) Court officials determine an inpatient setting is appropriate for a given client or situation; or (2) A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Since DSHS obtained compliance with the 7.0-day average admission standard in April 2024, almost all clients who face waits exceeding seven days, do so as a result of external factors beyond DSHS' control. Such factors primarily include jails with staffing limitations that temporarily inhibit their ability to transport defendants to our facilities. Likewise, defendants occasionally experience acute medical and/or psychiatric crises, which render them unfit for jail transport or necessitate hospitalization prior to their inpatient admission to a DSHS facility. Unfortunately, these events, while infrequent, can also delay inpatient admission to DSHS treatment facilities.

Admission waits decreased significantly over the eight quarters following Q4 2022 through Q4 2024. For the first time in more than two years, wait times increased in Q1 2025 (from 5.5 to 6.0 days or 9.1%) but decreased again in Q2 2025 (to 4.3 days or 28.3%). Overall, inpatient evaluation admissions continue to trend in the right direction toward substantial compliance with the state's standards.

Throughout 2023 and continuing through Q2 2025, a BHHA-level executive team has closely managed limited beds to increase client throughput and efficiency of utilization. As part of that process, OFMHS has been educating courts about the speed of jail-based evaluations compared to the overall duration of inpatient evaluations and contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. While this approach has been largely successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed, with inpatient wait times decreasing, OFMHS has seen some increasing order levels for the inpatient evaluation legal authority as many attorneys believe this is the fastest way to obtain competency restoration services for their clients. High levels of demand for jail-based evaluations with complex symptom presentation led to an above average subset of client's requiring inpatient evaluations, which is reflected in the inpatient evaluations demand in Q2 2025. Overall, with the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days.

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Table 4a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

| | Percent Admitted on Time (7) | | | | | | | Percent Admitted on Time (7) | | | | | | | Percent Admitted on Time (7) | | | | | | |
|---------|------------------------------|---|--------|--------|---|--------|----|------------------------------|--------|-------|---|--------|----|---|------------------------------|--------|---|--------|--|--|--|
| | Admitted on Time (7) | | | | | | | Admitted on Time (7) | | | | | | | Admitted on Time (7) | | | | | | |
| | Average Days Waiting (6) | | | | | | | Average Days Waiting (6) | | | | | | | Average Days Waiting (6) | | | | | | |
| | Percent Admitted (5) | | | | | | | Percent Admitted (5) | | | | | | | Percent Admitted (5) | | | | | | |
| | Admitted (5) | | | | | | | Admitted (5) | | | | | | | Admitted (5) | | | | | | |
| | New Spans (4) | | | | | | | New Spans (4) | | | | | | | New Spans (4) | | | | | | |
| | STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | | WESTERN STATE HOSPITAL | | | | | | |
| 2018-Q4 | 3 | 1 | 33.3% | 0.0 | 1 | 100.0% | 1 | 0 | 0.0% | n/a | 0 | n/a | 2 | 1 | 50.0% | 0.0 | 1 | 100.0% | | | |
| 2019-Q1 | 8 | 2 | 25.0% | 1.5 | 2 | 100.0% | 4 | 1 | 25.0% | 3.0 | 1 | 100.0% | 4 | 1 | 25.0% | 0.0 | 1 | 100.0% | | | |
| 2019-Q2 | 4 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2019-Q3 | 9 | 1 | 11.1% | 120.0 | 0 | 0.0% | 5 | 0 | 0.0% | n/a | 0 | n/a | 4 | 1 | 25.0% | 120.0 | 0 | 0.0% | | | |
| 2019-Q4 | 4 | 2 | 50.0% | 63.5 | 0 | 0.0% | 3 | 1 | 33.3% | 61.0 | 0 | 0.0% | 1 | 1 | 100.0% | 66.0 | 0 | 0.0% | | | |
| 2020-Q1 | 1 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | | | |
| 2020-Q2 | 3 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2020-Q3 | 6 | 1 | 16.7% | 216.0 | 0 | 0.0% | 4 | 0 | 0.0% | n/a | 0 | n/a | 2 | 1 | 50.0% | 216.0 | 0 | 0.0% | | | |
| 2020-Q4 | 13 | 0 | 0.0% | n/a | 0 | n/a | 11 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2021-Q1 | 18 | 4 | 22.2% | 352.0 | 0 | 0.0% | 8 | 0 | 0.0% | n/a | 0 | n/a | 10 | 4 | 40.0% | 352.0 | 0 | 0.0% | | | |
| 2021-Q2 | 8 | 0 | 0.0% | n/a | 0 | n/a | 4 | 0 | 0.0% | n/a | 0 | n/a | 4 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2021-Q3 | 8 | 2 | 25.0% | 9.5 | 2 | 100.0% | 3 | 1 | 33.3% | 19.0 | 1 | 100.0% | 5 | 1 | 20.0% | 0.0 | 1 | 100.0% | | | |
| 2021-Q4 | 3 | 1 | 33.3% | 1060.0 | 0 | 0.0% | 1 | 0 | 0.0% | n/a | 0 | n/a | 2 | 1 | 50.0% | 1060.0 | 0 | 0.0% | | | |
| 2022-Q1 | 9 | 1 | 11.1% | 976.0 | 0 | 0.0% | 3 | 0 | 0.0% | n/a | 0 | n/a | 6 | 1 | 16.7% | 976.0 | 0 | 0.0% | | | |
| 2022-Q2 | 3 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2022-Q3 | 4 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2022-Q4 | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | | | |
| 2023-Q1 | 9 | 2 | 22.2% | 45.5 | 1 | 50.0% | 4 | 1 | 25.0% | 0.0 | 1 | 100.0% | 5 | 1 | 20.0% | 91.0 | 0 | 0.0% | | | |
| 2023-Q2 | 7 | 3 | 42.9% | 149.3 | 1 | 33.3% | 5 | 2 | 40.0% | 224.0 | 0 | 0.0% | 2 | 1 | 50.0% | 0.0 | 1 | 100.0% | | | |
| 2023-Q3 | 2 | 0 | 0.0% | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2023-Q4 | 1 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | | | |
| 2024-Q1 | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | | | |
| 2024-Q2 | 2 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2024-Q3 | 4 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 3 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2024-Q4 | 3 | 3 | 100.0% | 47.7 | 1 | 33.3% | 2 | 2 | 100.0% | 63.0 | 0 | 0.0% | 1 | 1 | 100.0% | 17.0 | 1 | 100.0% | | | |
| 2025-Q1 | 4 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | | | |
| 2025-Q2 | 8 | 2 | 25.0% | 16.5 | 1 | 50.0% | 4 | 1 | 25.0% | 11.0 | 1 | 100.0% | 4 | 1 | 25.0% | 22.0 | 0 | 0.0% | | | |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 4a:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=126), or while in prison (n=3).

(3) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(4) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

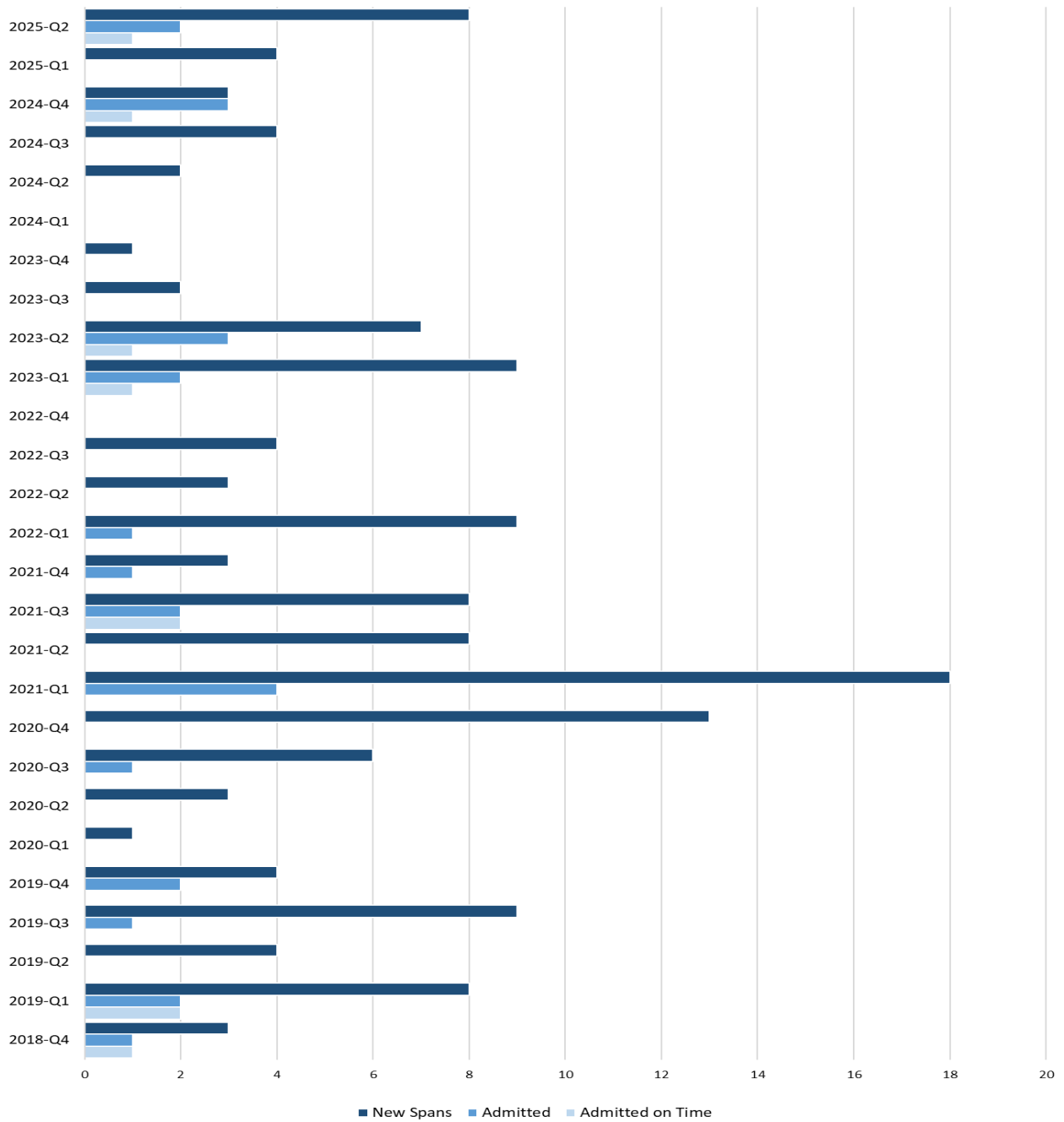
(5) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(6) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

Figure 4a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 4a displays the number of new court orders and orders admitted for inpatient competency evaluation services by quarter for people waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 4a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: For the Q2 2025 reporting period, there were eight new inpatient evaluation orders statewide for clients awaiting evaluation services in the community.

Drivers: Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate and then receive an inpatient evaluation order. While the number of these cases rarely exceeds 7-10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload.

BHHA continues to work with defendant's attorneys to accomplish evaluations in the community as PR evaluations whenever possible. An inpatient evaluation order for an out-of-custody individual is first addressed by OFMHS. This is much different than a typical inpatient evaluation process as the defendant must appear at the hospital of their own accord at a designated time as determined by hospital admissions personnel. This is often facilitated through their defense attorney. Once a person is admitted into the hospital, the case is then assigned to one of the out-of-custody evaluation team's staff. The out-of-custody team currently has a single evaluator assigned on a rotating basis for weekly coverage for cases such as inpatient evaluation, OCRP end of legal authority evaluations, pre-admission PR evals, home detention competency evaluations, and other coverage needs.

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Table 4b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

| | Percent Completed on Time (7) | | | | | | Percent Completed on Time (7) | | | | | | Percent Completed on Time (7) | | | | | |
|---------|-------------------------------|----|---------------|--------------------------|---|---------------|-------------------------------|----|---------------|--------------------------|---|---------------|-------------------------------|----|---------------|--------------------------|---|---------------|
| | Completed on Time (7) | | | Average Days Waiting (6) | | | Completed on Time (7) | | | Average Days Waiting (6) | | | Completed on Time (7) | | | Average Days Waiting (6) | | |
| | Percent Completed (5) | | Completed (5) | Percent Completed (5) | | Completed (5) | Percent Completed (5) | | Completed (5) | Percent Completed (5) | | Completed (5) | Percent Completed (5) | | Completed (5) | Percent Completed (5) | | Completed (5) |
| | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 3 | 3 | 100.0% | 55.7 | 1 | 33.3% | 1 | 1 | 100.0% | 130.0 | 0 | 0.0% | 2 | 2 | 100.0% | 18.5 | 1 | 50.0% |
| 2019-Q1 | 8 | 8 | 100.0% | 142.6 | 5 | 62.5% | 4 | 4 | 100.0% | 34.0 | 3 | 75.0% | 4 | 4 | 100.0% | 251.3 | 2 | 50.0% |
| 2019-Q2 | 4 | 4 | 100.0% | 37.8 | 2 | 50.0% | 2 | 2 | 100.0% | 65.0 | 0 | 0.0% | 2 | 2 | 100.0% | 10.5 | 2 | 100.0% |
| 2019-Q3 | 9 | 9 | 100.0% | 199.0 | 3 | 33.3% | 5 | 5 | 100.0% | 35.8 | 2 | 40.0% | 4 | 4 | 100.0% | 403.0 | 1 | 25.0% |
| 2019-Q4 | 4 | 4 | 100.0% | 131.8 | 1 | 25.0% | 3 | 3 | 100.0% | 153.7 | 1 | 33.3% | 1 | 1 | 100.0% | 66.0 | 0 | 0.0% |
| 2020-Q1 | 1 | 1 | 100.0% | 2.0 | 1 | 100.0% | 1 | 1 | 100.0% | 2.0 | 1 | 100.0% | 0 | 0 | n/a | n/a | 0 | n/a |
| 2020-Q2 | 3 | 3 | 100.0% | 307.3 | 1 | 33.3% | 2 | 2 | 100.0% | 336.0 | 1 | 50.0% | 1 | 1 | 100.0% | 250.0 | 0 | 0.0% |
| 2020-Q3 | 6 | 5 | 83.3% | 117.2 | 0 | 0.0% | 4 | 3 | 75.0% | 100.3 | 0 | 0.0% | 2 | 2 | 100.0% | 142.5 | 0 | 0.0% |
| 2020-Q4 | 13 | 13 | 100.0% | 143.9 | 2 | 15.4% | 11 | 11 | 100.0% | 137.5 | 1 | 9.1% | 2 | 2 | 100.0% | 179.0 | 1 | 50.0% |
| 2021-Q1 | 18 | 18 | 100.0% | 207.2 | 4 | 22.2% | 8 | 8 | 100.0% | 250.3 | 1 | 12.5% | 10 | 10 | 100.0% | 172.8 | 3 | 30.0% |
| 2021-Q2 | 8 | 8 | 100.0% | 295.3 | 3 | 37.5% | 4 | 4 | 100.0% | 20.8 | 3 | 75.0% | 4 | 4 | 100.0% | 569.8 | 0 | 0.0% |
| 2021-Q3 | 8 | 8 | 100.0% | 565.6 | 3 | 37.5% | 3 | 3 | 100.0% | 283.7 | 2 | 66.7% | 5 | 5 | 100.0% | 734.8 | 1 | 20.0% |
| 2021-Q4 | 3 | 3 | 100.0% | 368.0 | 1 | 33.3% | 1 | 1 | 100.0% | 44.0 | 0 | 0.0% | 2 | 2 | 100.0% | 530.0 | 1 | 50.0% |
| 2022-Q1 | 9 | 9 | 100.0% | 275.4 | 3 | 33.3% | 3 | 3 | 100.0% | 161.7 | 0 | 0.0% | 6 | 6 | 100.0% | 332.3 | 3 | 50.0% |
| 2022-Q2 | 3 | 3 | 100.0% | 350.0 | 0 | 0.0% | 1 | 1 | 100.0% | 565.0 | 0 | 0.0% | 2 | 2 | 100.0% | 242.5 | 0 | 0.0% |
| 2022-Q3 | 4 | 2 | 50.0% | 522.5 | 0 | 0.0% | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 2 | 100.0% | 522.5 | 0 | 0.0% |
| 2022-Q4 | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a |
| 2023-Q1 | 9 | 9 | 100.0% | 356.0 | 1 | 11.1% | 4 | 4 | 100.0% | 247.3 | 1 | 25.0% | 5 | 5 | 100.0% | 443.0 | 0 | 0.0% |
| 2023-Q2 | 7 | 7 | 100.0% | 189.9 | 1 | 14.3% | 5 | 5 | 100.0% | 163.8 | 0 | 0.0% | 2 | 2 | 100.0% | 255.0 | 1 | 50.0% |
| 2023-Q3 | 2 | 2 | 100.0% | 89.0 | 0 | 0.0% | 0 | 0 | n/a | n/a | 0 | n/a | 2 | 2 | 100.0% | 89.0 | 0 | 0.0% |
| 2023-Q4 | 1 | 1 | 100.0% | 13.0 | 1 | 100.0% | 1 | 1 | 100.0% | 13.0 | 1 | 100.0% | 0 | 0 | n/a | n/a | 0 | n/a |
| 2024-Q1 | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a |
| 2024-Q2 | 2 | 2 | 100.0% | 45.0 | 1 | 50.0% | 1 | 1 | 100.0% | 78.0 | 0 | 0.0% | 1 | 1 | 100.0% | 12.0 | 1 | 100.0% |
| 2024-Q3 | 4 | 4 | 100.0% | 124.0 | 0 | 0.0% | 1 | 1 | 100.0% | 246.0 | 0 | 0.0% | 3 | 3 | 100.0% | 83.3 | 0 | 0.0% |
| 2024-Q4 | 3 | 3 | 100.0% | 47.7 | 1 | 33.3% | 2 | 2 | 100.0% | 63.0 | 0 | 0.0% | 1 | 1 | 100.0% | 17.0 | 1 | 100.0% |
| 2025-Q1 | 4 | 4 | 100.0% | 23.5 | 3 | 75.0% | 2 | 2 | 100.0% | 32.0 | 1 | 50.0% | 2 | 2 | 100.0% | 15.0 | 2 | 100.0% |
| 2025-Q2 | 8 | 5 | 62.5% | 18.4 | 2 | 40.0% | 4 | 3 | 75.0% | 23.0 | 1 | 33.3% | 4 | 2 | 50.0% | 11.5 | 1 | 50.0% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 4b:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=126), or while in prison (n=3).

(3) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 4a above in that it includes all completions, not just those where the client was admitted to a facility.

(4) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

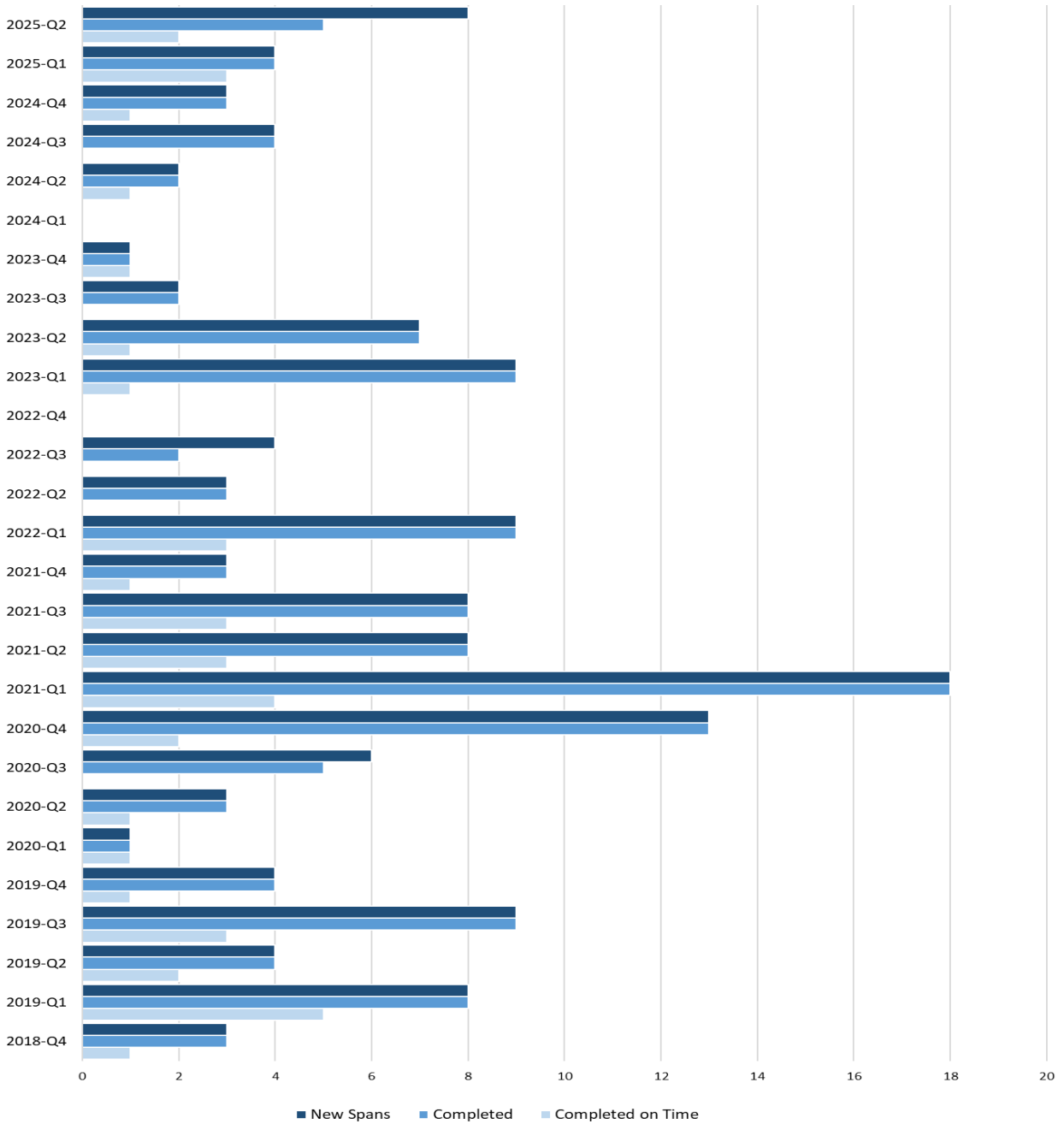
(5) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(6) The average number of days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 4b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 4b shows the number of new court orders for inpatient competency evaluation services by quarter for people waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 4b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: For the Q2 2025 reporting period, there were eight new inpatient evaluation orders statewide for clients awaiting inpatient evaluation services in the community. The average days waiting was 18.4, and five orders were completed. As time elapses, orders from the current quarter may begin to admit in future quarters or will otherwise be brought to completion.

Drivers: Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate and then receive an inpatient evaluation order. While the number of these cases rarely exceeds 7-10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload.

An inpatient evaluation order for an out-of-custody individual is first addressed by OFMHS. This is much different than a typical inpatient evaluation process as the defendant must appear at the hospital of their own accord at a designated time as determined by hospital admissions personnel. This is often facilitated through their defense attorney. Once a person is admitted into the hospital, the case is then assigned to one of the out-of-custody evaluation team's staff. The out-of-custody team currently has a single evaluator assigned on a rotating basis for weekly coverage for cases such as inpatient evaluation, OCRP end of legal authority evaluations, pre-admission PR evals, home detention competency evaluations, and other coverage needs.

Data Notes for Table 5a:

(1) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(2) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

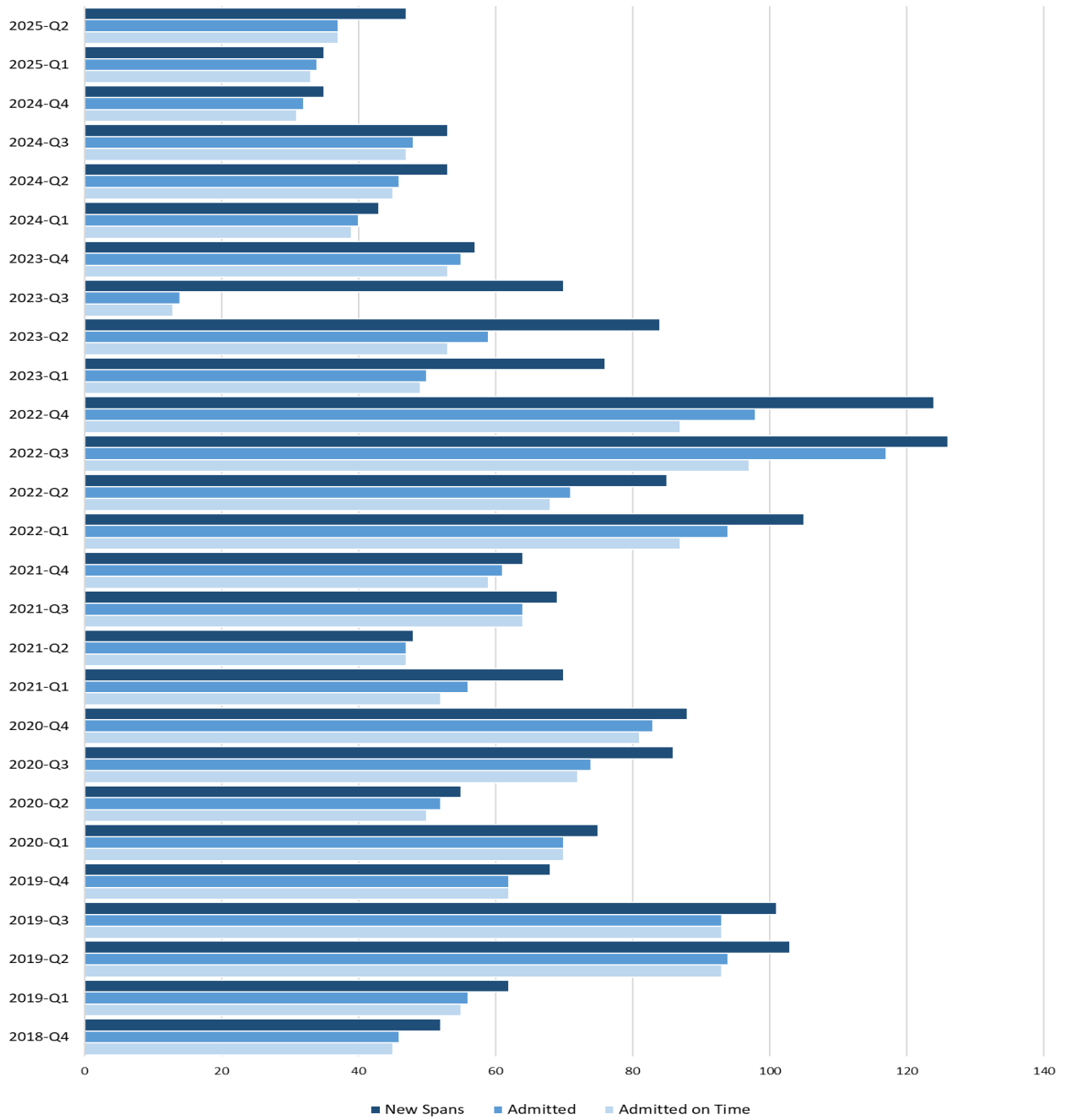
(3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(4) The average number of days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 5a - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 5a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 5a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: Civil conversion orders statewide increased significantly in Q2 2025 to 47. Of the 37 orders admitted, the average days waiting were 10.3 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 100 percent admitted on time in 21 days or less.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

An important systemic success has been the elimination of the long-term forensic risk assessment backlog for civil patients at WSH. Complete elimination of the civil FRA backlog, and the continued opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Past growth in the numbers of civil conversion cases and lack of bed availability significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions during calendar years 2022 and 2023.

During calendar year 2023, a significant statewide decrease in inpatient civil conversion orders was observed following calendar year 2022's rapid and significant increases in orders. Calendar year 2024's numbers are substantially below the total number of calendar year 2023 orders, and Q1 and Q2 2025 orders have declined an additional 14.6 percent as compared to the first six months of 2024. Improvements in admission wait times and subsequent absence of jail dismissals have contributed significantly to the recent declines.

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Table 5b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN JAIL for services, by quarter (1)

| | Percent Completed on Time (5) | | | | | | Percent Completed on Time (5) | | | | | | Percent Completed on Time (5) | | | | | | | |
|-----------|-------------------------------|-----|--------|------|-----|--------|-------------------------------|----|--------|------|----|--------|-------------------------------|------------------------|--------|------|----|--------|--|--|
| | Completed on Time (5) | | | | | | Completed on Time (5) | | | | | | Completed on Time (5) | | | | | | | |
| | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | | Average Days Waiting (4) | | | | | | | |
| | Percent Completed (3) | | | | | | Percent Completed (3) | | | | | | Percent Completed (3) | | | | | | | |
| | Completed (3) | | | | | | Completed (3) | | | | | | Completed (3) | | | | | | | |
| | New Spans (2) | | | | | | New Spans (2) | | | | | | New Spans (2) | | | | | | | |
| STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | | WESTERN STATE HOSPITAL | | | | | | |
| 2018-Q4 | 52 | 52 | 100.0% | 6.1 | 51 | 98.1% | 20 | 20 | 100.0% | 2.1 | 20 | 100.0% | 32 | 32 | 100.0% | 8.6 | 31 | 96.9% | | |
| 2019-Q1 | 62 | 62 | 100.0% | 5.3 | 60 | 96.8% | 12 | 12 | 100.0% | 4.2 | 12 | 100.0% | 50 | 50 | 100.0% | 5.6 | 48 | 96.0% | | |
| 2019-Q2 | 103 | 103 | 100.0% | 4.9 | 102 | 99.0% | 19 | 19 | 100.0% | 5.4 | 19 | 100.0% | 84 | 84 | 100.0% | 4.8 | 83 | 98.8% | | |
| 2019-Q3 | 101 | 101 | 100.0% | 5.1 | 101 | 100.0% | 27 | 27 | 100.0% | 4.7 | 27 | 100.0% | 74 | 74 | 100.0% | 5.2 | 74 | 100.0% | | |
| 2019-Q4 | 68 | 68 | 100.0% | 6.5 | 68 | 100.0% | 7 | 7 | 100.0% | 6.9 | 7 | 100.0% | 61 | 61 | 100.0% | 6.4 | 61 | 100.0% | | |
| 2020-Q1 | 75 | 75 | 100.0% | 7.3 | 74 | 98.7% | 13 | 13 | 100.0% | 7.9 | 12 | 92.3% | 62 | 62 | 100.0% | 7.2 | 62 | 100.0% | | |
| 2020-Q2 | 55 | 55 | 100.0% | 8.3 | 52 | 94.5% | 10 | 10 | 100.0% | 9.6 | 7 | 70.0% | 45 | 45 | 100.0% | 8.1 | 45 | 100.0% | | |
| 2020-Q3 | 86 | 86 | 100.0% | 11.1 | 80 | 93.0% | 19 | 19 | 100.0% | 13.6 | 17 | 89.5% | 67 | 67 | 100.0% | 10.4 | 63 | 94.0% | | |
| 2020-Q4 | 88 | 88 | 100.0% | 11.2 | 85 | 96.6% | 14 | 14 | 100.0% | 11.5 | 11 | 78.6% | 74 | 74 | 100.0% | 11.2 | 74 | 100.0% | | |
| 2021-Q1 | 70 | 70 | 100.0% | 9.6 | 65 | 92.9% | 20 | 20 | 100.0% | 9.7 | 16 | 80.0% | 50 | 50 | 100.0% | 9.6 | 49 | 98.0% | | |
| 2021-Q2 | 48 | 48 | 100.0% | 9.3 | 48 | 100.0% | 9 | 9 | 100.0% | 7.8 | 9 | 100.0% | 39 | 39 | 100.0% | 9.6 | 39 | 100.0% | | |
| 2021-Q3 | 69 | 69 | 100.0% | 9.5 | 69 | 100.0% | 11 | 11 | 100.0% | 9.3 | 11 | 100.0% | 58 | 58 | 100.0% | 9.6 | 58 | 100.0% | | |
| 2021-Q4 | 64 | 64 | 100.0% | 9.6 | 62 | 96.9% | 19 | 19 | 100.0% | 10.8 | 17 | 89.5% | 45 | 45 | 100.0% | 9.1 | 45 | 100.0% | | |
| 2022-Q1 | 105 | 105 | 100.0% | 10.5 | 95 | 90.5% | 23 | 23 | 100.0% | 12.9 | 16 | 69.6% | 82 | 82 | 100.0% | 9.8 | 79 | 96.3% | | |
| 2022-Q2 | 85 | 85 | 100.0% | 12.0 | 79 | 92.9% | 29 | 29 | 100.0% | 11.3 | 25 | 86.2% | 56 | 56 | 100.0% | 12.3 | 54 | 96.4% | | |
| 2022-Q3 | 126 | 126 | 100.0% | 11.4 | 105 | 83.3% | 47 | 47 | 100.0% | 13.8 | 26 | 55.3% | 79 | 79 | 100.0% | 10.0 | 79 | 100.0% | | |
| 2022-Q4 | 124 | 124 | 100.0% | 11.3 | 110 | 88.7% | 20 | 20 | 100.0% | 12.7 | 15 | 75.0% | 104 | 104 | 100.0% | 11.0 | 95 | 91.3% | | |
| 2023-Q1 | 76 | 76 | 100.0% | 11.2 | 75 | 98.7% | 13 | 13 | 100.0% | 9.9 | 12 | 92.3% | 63 | 63 | 100.0% | 11.5 | 63 | 100.0% | | |
| 2023-Q2 | 84 | 84 | 100.0% | 11.6 | 78 | 92.9% | 24 | 24 | 100.0% | 11.9 | 19 | 79.2% | 60 | 60 | 100.0% | 11.5 | 59 | 98.3% | | |
| 2023-Q3 | 70 | 70 | 100.0% | 8.9 | 68 | 97.1% | 12 | 12 | 100.0% | 7.9 | 12 | 100.0% | 58 | 58 | 100.0% | 9.1 | 56 | 96.6% | | |
| 2023-Q4 | 57 | 57 | 100.0% | 11.7 | 55 | 96.5% | 13 | 13 | 100.0% | 10.1 | 13 | 100.0% | 44 | 44 | 100.0% | 12.2 | 42 | 95.5% | | |
| 2024-Q1 | 43 | 43 | 100.0% | 11.9 | 42 | 97.7% | 9 | 9 | 100.0% | 9.4 | 9 | 100.0% | 34 | 34 | 100.0% | 12.5 | 33 | 97.1% | | |
| 2024-Q2 | 53 | 53 | 100.0% | 10.1 | 52 | 98.1% | 23 | 23 | 100.0% | 7.9 | 23 | 100.0% | 30 | 30 | 100.0% | 11.8 | 29 | 96.7% | | |
| 2024-Q3 | 53 | 53 | 100.0% | 11.1 | 52 | 98.1% | 14 | 14 | 100.0% | 11.3 | 13 | 92.9% | 39 | 39 | 100.0% | 11.0 | 39 | 100.0% | | |
| 2024-Q4 | 35 | 35 | 100.0% | 11.2 | 34 | 97.1% | 4 | 4 | 100.0% | 4.3 | 4 | 100.0% | 31 | 31 | 100.0% | 12.1 | 30 | 96.8% | | |
| 2025-Q1 | 35 | 35 | 100.0% | 10.6 | 34 | 97.1% | 5 | 5 | 100.0% | 3.6 | 5 | 100.0% | 30 | 30 | 100.0% | 11.8 | 29 | 96.7% | | |
| 2025-Q2 | 47 | 39 | 83.0% | 9.9 | 39 | 100.0% | 7 | 7 | 100.0% | 5.6 | 7 | 100.0% | 40 | 32 | 80.0% | 10.8 | 32 | 100.0% | | |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 5b:

(1) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a personperson waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 5a above in that it includes all completions, not just those were the client was admitted to a facility.

(2) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

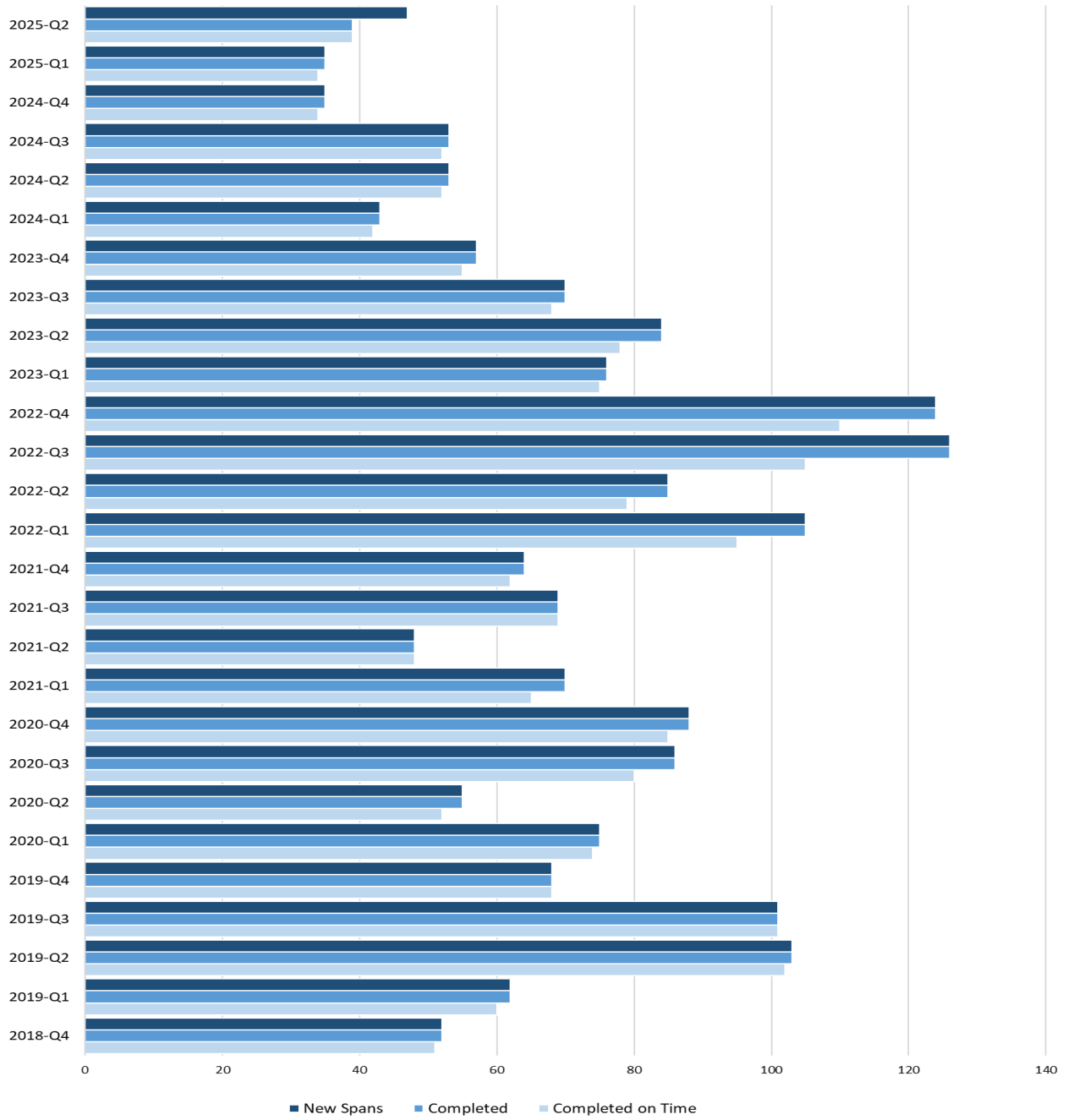
(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(4) The average number of days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 5b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 5b shows the number of new court orders for inpatient competency restoration services by quarter for people waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 5b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Civil conversion orders statewide increased by 34.3 percent in Q2 2025 from 35 to 47. Of the 47 orders in Q2 2025, 39 were completed either through admission to a civil bed or another means such as order withdrawn by the court or client status change. The average days waiting was 9.9 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 100 percent of orders completed on time..

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

An important systemic success has been the elimination of the long-term forensic risk assessment backlog for civil patients at WSH. Complete elimination of the civil FRA backlog, and the continued opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Past growth in the numbers of civil conversion cases and lack of bed availability significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions during calendar years 2022 and 2023.

During calendar year 2023, a significant statewide decrease in inpatient civil conversion orders was observed following calendar year 2022's rapid and significant increases in orders. Calendar year 2024's numbers are substantially below the total number of calendar year 2023 orders, and Q1 and Q2 2025 orders have declined an additional 14.6 percent as compared to the first six months of 2024. Improvements in admission wait times and subsequent absence of jail dismissals have contributed significantly to the recent declines.

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Table 6a - INPATIENT CIVIL CONVERSION ORDERS and ADMISSIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

| | Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | | Percent Admitted on Time (6) | | | | | |
|---------|------------------------------|----|-------|--------------------------|----|--------|------------------------------|---|--------|--------------------------|---|--------|------------------------------|----|--------|-------|----|--------|
| | Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | | Admitted on Time (6) | | | | | |
| | Average Days Waiting (5) | | | Average Days Waiting (5) | | | Average Days Waiting (5) | | | Average Days Waiting (5) | | | Average Days Waiting (5) | | | | | |
| | Percent Admitted (4) | | | Percent Admitted (4) | | | Percent Admitted (4) | | | Percent Admitted (4) | | | Percent Admitted (4) | | | | | |
| | Admitted (4) | | | Admitted (4) | | | Admitted (4) | | | Admitted (4) | | | Admitted (4) | | | | | |
| | New Spans (3) | | | New Spans (3) | | | New Spans (3) | | | New Spans (3) | | | New Spans (3) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 39 | 33 | 84.6% | 4.9 | 32 | 97.0% | 7 | 2 | 28.6% | 1.0 | 2 | 100.0% | 32 | 31 | 96.9% | 5.2 | 30 | 96.8% |
| 2019-Q1 | 4 | 1 | 25.0% | 248.0 | 0 | 0.0% | 1 | 0 | 0.0% | n/a | 0 | n/a | 3 | 1 | 33.3% | 248.0 | 0 | 0.0% |
| 2019-Q2 | 15 | 5 | 33.3% | 189.4 | 2 | 40.0% | 9 | 2 | 22.2% | 0.0 | 2 | 100.0% | 6 | 3 | 50.0% | 315.7 | 0 | 0.0% |
| 2019-Q3 | 11 | 5 | 45.5% | 1.0 | 5 | 100.0% | 6 | 4 | 66.7% | 0.3 | 4 | 100.0% | 5 | 1 | 20.0% | 4.0 | 1 | 100.0% |
| 2019-Q4 | 29 | 17 | 58.6% | 173.5 | 12 | 70.6% | 15 | 8 | 53.3% | 1.4 | 8 | 100.0% | 14 | 9 | 64.3% | 326.6 | 4 | 44.4% |
| 2020-Q1 | 5 | 3 | 60.0% | 2.7 | 3 | 100.0% | 0 | 0 | n/a | n/a | 0 | n/a | 5 | 3 | 60.0% | 2.7 | 3 | 100.0% |
| 2020-Q2 | 2 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a |
| 2020-Q3 | 7 | 4 | 57.1% | 41.5 | 2 | 50.0% | 2 | 2 | 100.0% | 75.0 | 0 | 0.0% | 5 | 2 | 40.0% | 8.0 | 2 | 100.0% |
| 2020-Q4 | 9 | 1 | 11.1% | 4.0 | 1 | 100.0% | 5 | 0 | 0.0% | n/a | 0 | n/a | 4 | 1 | 25.0% | 4.0 | 1 | 100.0% |
| 2021-Q1 | 15 | 3 | 20.0% | 513.3 | 1 | 33.3% | 9 | 0 | 0.0% | n/a | 0 | n/a | 6 | 3 | 50.0% | 513.3 | 1 | 33.3% |
| 2021-Q2 | 5 | 0 | 0.0% | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 5 | 0 | 0.0% | n/a | 0 | n/a |
| 2021-Q3 | 10 | 1 | 10.0% | 693.0 | 0 | 0.0% | 4 | 0 | 0.0% | n/a | 0 | n/a | 6 | 1 | 16.7% | 693.0 | 0 | 0.0% |
| 2021-Q4 | 6 | 1 | 16.7% | 761.0 | 0 | 0.0% | 3 | 0 | 0.0% | n/a | 0 | n/a | 3 | 1 | 33.3% | 761.0 | 0 | 0.0% |
| 2022-Q1 | 4 | 3 | 75.0% | 461.0 | 1 | 33.3% | 1 | 0 | 0.0% | n/a | 0 | n/a | 3 | 3 | 100.0% | 461.0 | 1 | 33.3% |
| 2022-Q2 | 7 | 1 | 14.3% | 157.0 | 0 | 0.0% | 2 | 0 | 0.0% | n/a | 0 | n/a | 5 | 1 | 20.0% | 157.0 | 0 | 0.0% |
| 2022-Q3 | 8 | 3 | 37.5% | 369.7 | 1 | 33.3% | 1 | 0 | 0.0% | n/a | 0 | n/a | 7 | 3 | 42.9% | 369.7 | 1 | 33.3% |
| 2022-Q4 | 24 | 5 | 20.8% | 535.6 | 1 | 20.0% | 0 | 0 | n/a | n/a | 0 | n/a | 24 | 5 | 20.8% | 535.6 | 1 | 20.0% |
| 2023-Q1 | 4 | 0 | 0.0% | n/a | 0 | n/a | 0 | 0 | n/a | n/a | 0 | n/a | 4 | 0 | 0.0% | n/a | 0 | n/a |
| 2023-Q2 | 6 | 3 | 50.0% | 183.3 | 1 | 33.3% | 1 | 0 | 0.0% | n/a | 0 | n/a | 5 | 3 | 60.0% | 183.3 | 1 | 33.3% |
| 2023-Q3 | 9 | 4 | 44.4% | 440.0 | 0 | 0.0% | 0 | 0 | n/a | n/a | 0 | n/a | 9 | 4 | 44.4% | 440.0 | 0 | 0.0% |
| 2023-Q4 | 12 | 3 | 25.0% | 64.0 | 0 | 0.0% | 2 | 2 | 100.0% | 40.0 | 0 | 0.0% | 10 | 1 | 10.0% | 112.0 | 0 | 0.0% |
| 2024-Q1 | 8 | 5 | 62.5% | 169.4 | 1 | 20.0% | 1 | 0 | 0.0% | n/a | 0 | n/a | 7 | 5 | 71.4% | 169.4 | 1 | 20.0% |
| 2024-Q2 | 15 | 6 | 40.0% | 16.7 | 4 | 66.7% | 2 | 0 | 0.0% | n/a | 0 | n/a | 13 | 6 | 46.2% | 16.7 | 4 | 66.7% |
| 2024-Q3 | 14 | 2 | 14.3% | 86.0 | 0 | 0.0% | 0 | 0 | n/a | n/a | 0 | n/a | 14 | 2 | 14.3% | 86.0 | 0 | 0.0% |
| 2024-Q4 | 15 | 2 | 13.3% | 46.5 | 0 | 0.0% | 2 | 1 | 50.0% | 26.0 | 0 | 0.0% | 13 | 1 | 7.7% | 67.0 | 0 | 0.0% |
| 2025-Q1 | 7 | 0 | 0.0% | n/a | 0 | n/a | 1 | 0 | 0.0% | n/a | 0 | n/a | 6 | 0 | 0.0% | n/a | 0 | n/a |
| 2025-Q2 | 4 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 0 | 0.0% | n/a | 0 | n/a |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 6a:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=1,730), or while in prison (n=10).

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(3) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to a person leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.

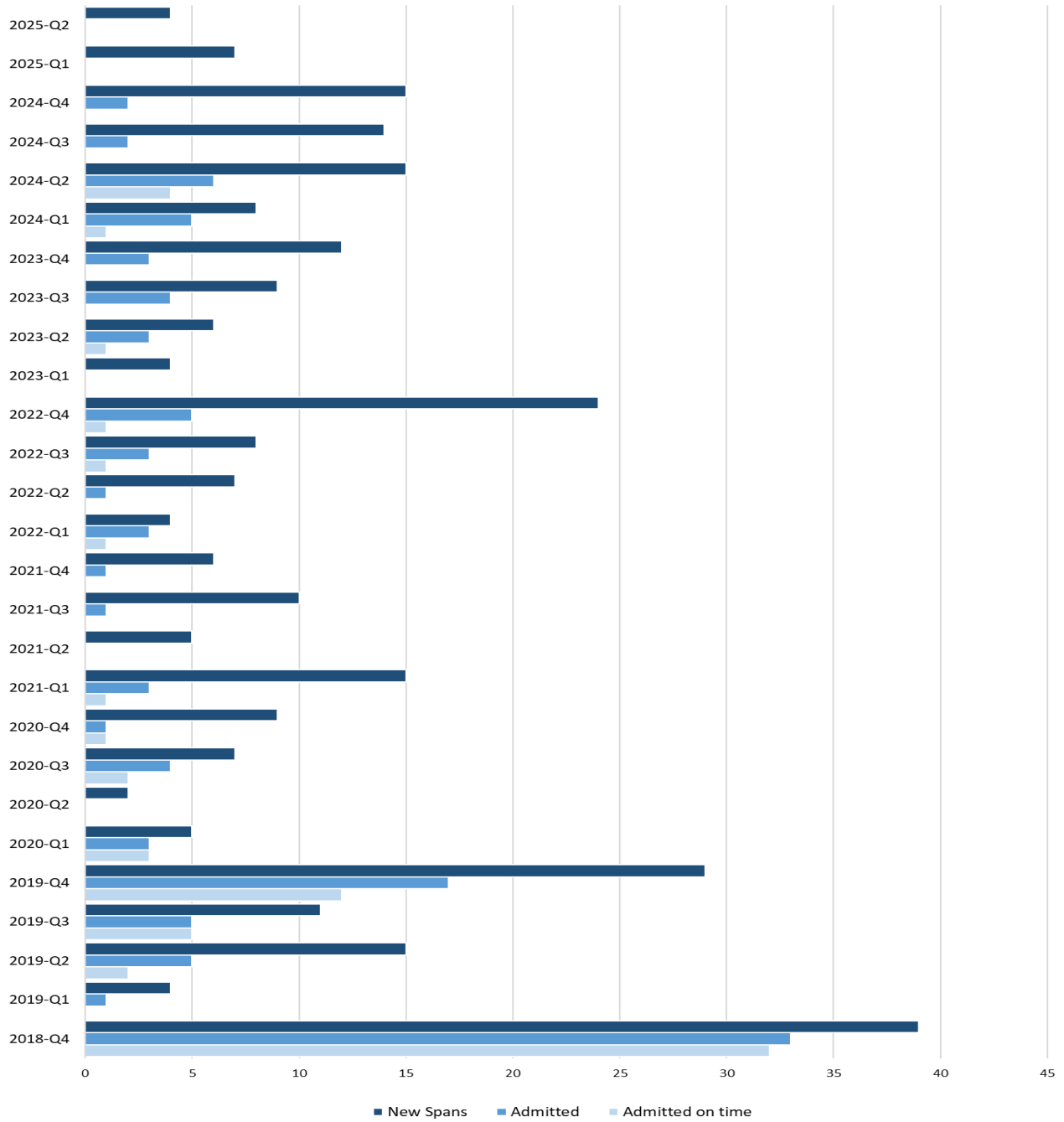
(4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(5) The average number of days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 6a - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 6a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for people waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 6a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: In the Q2 2025 reporting period, inpatient civil conversion orders for people on personal recognizance decreased from seven to four. Of the four new orders in Q2, zero orders were admitted. Due to no orders being admitted, there is no average days waiting metric available for this quarter (target = 14 days from order receipt or 21 days from order signature whichever is shorter). As time elapses, orders from the current quarter may begin to admit in future quarters or will otherwise be brought to completion.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. When DSHS receives orders for inpatient civil commitment evaluations, particularly those that are unclear, it collaborates with the Attorney General's Office to assess whether inpatient admission is warranted. If ambiguity remains, Assistant Attorneys General may follow up with the parties or the court to clarify the order and confirm that the appropriate legal authorities are cited.

New forensic and civil beds came online in Q2 and Q4 2023 and in Q1 and Q3 2024. These beds have provided additional capacity and flexibility for patient care. The 32-bed Baker Unit on Maple Lane's campus is also expected to open in late 2025. The addition of 32 new civil beds in 2025 should provide additional flexibility to make more options for civil treatment available, while continuing to reduce wait times for both civil and forensic patients.

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Table 6b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

| | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | |
|---------|-------------------------------|----|--------|-------|----|--------|-------------------------------|----|--------|-------|----|--------|-------------------------------|----|--------|-------|----|--------|
| | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | | Completed on Time (6) | | | | | |
| | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | |
| | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | | Percent Completed (4) | | | | | |
| | Completed (4) | | | | | | Completed (4) | | | | | | Completed (4) | | | | | |
| | New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 39 | 38 | 97.4% | 4.4 | 37 | 97.4% | 7 | 7 | 100.0% | 1.1 | 7 | 100.0% | 32 | 31 | 96.9% | 5.2 | 30 | 96.8% |
| 2019-Q1 | 4 | 4 | 100.0% | 117.3 | 1 | 25.0% | 1 | 1 | 100.0% | 0.0 | 1 | 100.0% | 3 | 3 | 100.0% | 156.3 | 0 | 0.0% |
| 2019-Q2 | 15 | 12 | 80.0% | 79.5 | 9 | 75.0% | 9 | 9 | 100.0% | 0.8 | 9 | 100.0% | 6 | 3 | 50.0% | 315.7 | 0 | 0.0% |
| 2019-Q3 | 11 | 9 | 81.8% | 1.9 | 9 | 100.0% | 6 | 6 | 100.0% | 0.2 | 6 | 100.0% | 5 | 3 | 60.0% | 5.3 | 3 | 100.0% |
| 2019-Q4 | 29 | 25 | 86.2% | 136.8 | 19 | 76.0% | 15 | 15 | 100.0% | 31.7 | 14 | 93.3% | 14 | 10 | 71.4% | 294.5 | 5 | 50.0% |
| 2020-Q1 | 5 | 5 | 100.0% | 262.2 | 3 | 60.0% | 0 | 0 | n/a | n/a | 0 | n/a | 5 | 5 | 100.0% | 262.2 | 3 | 60.0% |
| 2020-Q2 | 2 | 2 | 100.0% | 264.5 | 0 | 0.0% | 1 | 1 | 100.0% | 25.0 | 0 | 0.0% | 1 | 1 | 100.0% | 504.0 | 0 | 0.0% |
| 2020-Q3 | 7 | 7 | 100.0% | 214.1 | 2 | 28.6% | 2 | 2 | 100.0% | 75.0 | 0 | 0.0% | 5 | 5 | 100.0% | 269.8 | 2 | 40.0% |
| 2020-Q4 | 9 | 9 | 100.0% | 123.7 | 6 | 66.7% | 5 | 5 | 100.0% | 6.8 | 5 | 100.0% | 4 | 4 | 100.0% | 269.8 | 1 | 25.0% |
| 2021-Q1 | 15 | 15 | 100.0% | 176.9 | 12 | 80.0% | 9 | 9 | 100.0% | 10.9 | 9 | 100.0% | 6 | 6 | 100.0% | 425.8 | 3 | 50.0% |
| 2021-Q2 | 5 | 3 | 60.0% | 264.0 | 0 | 0.0% | 0 | 0 | n/a | n/a | 0 | n/a | 5 | 3 | 60.0% | 264.0 | 0 | 0.0% |
| 2021-Q3 | 10 | 6 | 60.0% | 292.2 | 2 | 33.3% | 4 | 4 | 100.0% | 265.0 | 1 | 25.0% | 6 | 2 | 33.3% | 346.5 | 1 | 50.0% |
| 2021-Q4 | 6 | 5 | 83.3% | 160.0 | 2 | 40.0% | 3 | 3 | 100.0% | 12.3 | 1 | 33.3% | 3 | 2 | 66.7% | 381.5 | 1 | 50.0% |
| 2022-Q1 | 4 | 4 | 100.0% | 349.5 | 1 | 25.0% | 1 | 1 | 100.0% | 15.0 | 0 | 0.0% | 3 | 3 | 100.0% | 461.0 | 1 | 33.3% |
| 2022-Q2 | 7 | 4 | 57.1% | 46.0 | 3 | 75.0% | 2 | 2 | 100.0% | 13.0 | 2 | 100.0% | 5 | 2 | 40.0% | 79.0 | 1 | 50.0% |
| 2022-Q3 | 8 | 6 | 75.0% | 257.2 | 1 | 16.7% | 1 | 1 | 100.0% | 183.0 | 0 | 0.0% | 7 | 5 | 71.4% | 272.0 | 1 | 20.0% |
| 2022-Q4 | 24 | 20 | 83.3% | 162.6 | 15 | 75.0% | 0 | 0 | n/a | n/a | 0 | n/a | 24 | 20 | 83.3% | 162.6 | 15 | 75.0% |
| 2023-Q1 | 4 | 4 | 100.0% | 88.0 | 3 | 75.0% | 0 | 0 | n/a | n/a | 0 | n/a | 4 | 4 | 100.0% | 88.0 | 3 | 75.0% |
| 2023-Q2 | 6 | 3 | 50.0% | 183.3 | 1 | 33.3% | 1 | 0 | 0.0% | n/a | 0 | n/a | 5 | 3 | 60.0% | 183.3 | 1 | 33.3% |
| 2023-Q3 | 9 | 6 | 66.7% | 340.0 | 1 | 16.7% | 0 | 0 | n/a | n/a | 0 | n/a | 9 | 6 | 66.7% | 340.0 | 1 | 16.7% |
| 2023-Q4 | 12 | 5 | 41.7% | 74.6 | 0 | 0.0% | 2 | 2 | 100.0% | 40.0 | 0 | 0.0% | 10 | 3 | 30.0% | 97.7 | 0 | 0.0% |
| 2024-Q1 | 8 | 7 | 87.5% | 128.0 | 2 | 28.6% | 1 | 1 | 100.0% | 49.0 | 0 | 0.0% | 7 | 6 | 85.7% | 141.2 | 2 | 33.3% |
| 2024-Q2 | 15 | 7 | 46.7% | 33.3 | 4 | 57.1% | 2 | 1 | 50.0% | 133.0 | 0 | 0.0% | 13 | 6 | 46.2% | 16.7 | 4 | 66.7% |
| 2024-Q3 | 14 | 2 | 14.3% | 86.0 | 0 | 0.0% | 0 | 0 | n/a | n/a | 0 | n/a | 14 | 2 | 14.3% | 86.0 | 0 | 0.0% |
| 2024-Q4 | 15 | 2 | 13.3% | 46.5 | 0 | 0.0% | 2 | 1 | 50.0% | 26.0 | 0 | 0.0% | 13 | 1 | 7.7% | 67.0 | 0 | 0.0% |
| 2025-Q1 | 7 | 1 | 14.3% | 82.0 | 0 | 0.0% | 1 | 1 | 100.0% | 82.0 | 0 | 0.0% | 6 | 0 | 0.0% | n/a | 0 | n/a |
| 2025-Q2 | 4 | 1 | 25.0% | 8.0 | 1 | 100.0% | 2 | 0 | 0.0% | n/a | 0 | n/a | 2 | 1 | 50.0% | 8.0 | 1 | 100.0% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 6b:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=1,730), or while in prison (n=10).

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 6a above in that it includes all completions, not just those where the client was admitted to a facility.

(3) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while in the community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

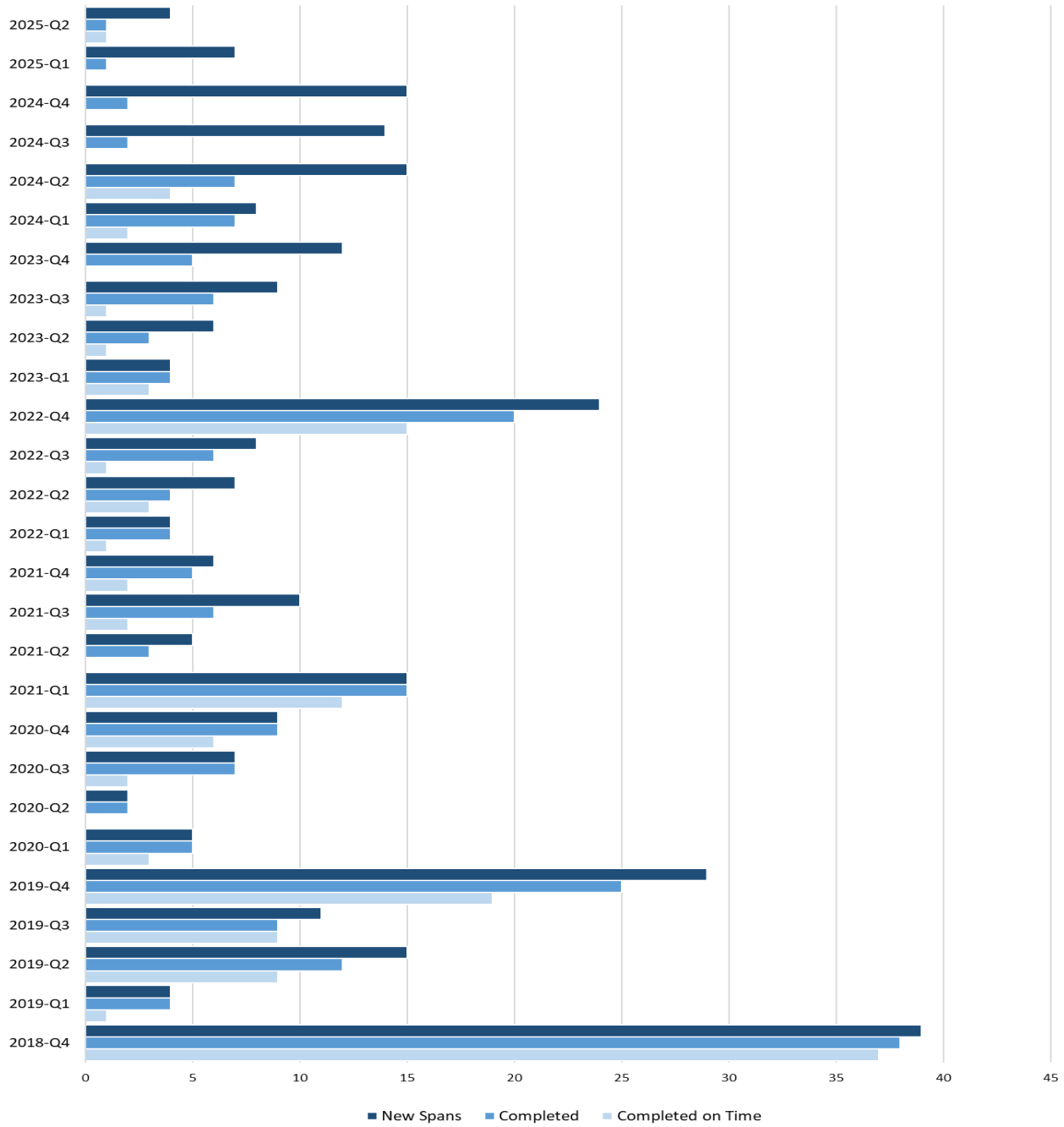
(4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(5) The average number of days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 6b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 6b shows the number of new court orders for inpatient competency restoration services by quarter for people waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 6b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: In the Q2 2025 reporting period, inpatient civil conversion orders for people on personal recognizance decreased from seven to four. Of the four new orders in Q2, one order was completed. Average days waiting is 8.0 days for Q2 2025 (target = 14 days from order receipt or 21 days from order signature whichever is shorter). As time elapses, orders from the current quarter may begin to admit in future quarters or will otherwise be brought to completion.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. When DSHS receives orders for inpatient civil commitment evaluations, particularly those that are unclear, it collaborates with the Attorney General's Office to assess whether inpatient admission is warranted. If ambiguity remains, Assistant Attorneys General may follow up with the parties or the court to clarify the order and confirm that the appropriate legal authorities are cited.

New forensic and civil beds came online in Q2 and Q4 2023 and in Q1 and Q3 2024. These beds have provided additional capacity and flexibility for patient care. The 32-bed Baker Unit on Maple Lane's campus is also expected to open in late 2025. The addition of 32 new civil beds in 2025 should provide additional flexibility to make more options for civil treatment available, while continuing to reduce wait times for both civil and forensic patients.

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Table 7a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)
for individuals WAITING IN JAIL for services, by quarter (2)

| | Percent Reports Sent on Time (6) | | | | | | Percent Reports Sent on Time (6) | | | | | | Percent Reports Sent on Time (6) | | | | | |
|---------|----------------------------------|-------|-------|------|-------|-------|----------------------------------|-----|-------|------|-----|--------|----------------------------------|-------|-------|------|-------|-------|
| | Reports Sent on Time (6) | | | | | | Reports Sent on Time (6) | | | | | | Reports Sent on Time (6) | | | | | |
| | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | | Average Days Waiting (5) | | | | | |
| | Percent Reports Sent (4) | | | | | | Percent Reports Sent (4) | | | | | | Percent Reports Sent (4) | | | | | |
| | Reports Sent (4) | | | | | | Reports Sent (4) | | | | | | Reports Sent (4) | | | | | |
| | New Spans (3) | | | | | | New Spans (3) | | | | | | New Spans (3) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 982 | 909 | 92.6% | 12.7 | 764 | 84.0% | 203 | 174 | 85.7% | 16.2 | 123 | 70.7% | 779 | 735 | 94.4% | 11.8 | 641 | 87.2% |
| 2019-Q1 | 1,031 | 940 | 91.2% | 12.8 | 780 | 83.0% | 201 | 173 | 86.1% | 14.7 | 123 | 71.1% | 830 | 767 | 92.4% | 12.4 | 657 | 85.7% |
| 2019-Q2 | 1,202 | 1,097 | 91.3% | 13.1 | 890 | 81.1% | 248 | 221 | 89.1% | 14.3 | 166 | 75.1% | 954 | 876 | 91.8% | 12.8 | 724 | 82.6% |
| 2019-Q3 | 1,298 | 1,207 | 93.0% | 12.3 | 1,034 | 85.7% | 248 | 228 | 91.9% | 12.6 | 183 | 80.3% | 1,050 | 979 | 93.2% | 12.2 | 851 | 86.9% |
| 2019-Q4 | 1,292 | 1,198 | 92.7% | 13.0 | 972 | 81.1% | 239 | 214 | 89.5% | 14.2 | 150 | 70.1% | 1,053 | 984 | 93.4% | 12.7 | 822 | 83.5% |
| 2020-Q1 | 1,204 | 1,099 | 91.3% | 13.3 | 914 | 83.2% | 209 | 191 | 91.4% | 14.4 | 151 | 79.1% | 995 | 908 | 91.3% | 13.0 | 763 | 84.0% |
| 2020-Q2 | 724 | 658 | 90.9% | 13.4 | 512 | 77.8% | 107 | 98 | 91.6% | 12.9 | 87 | 88.8% | 617 | 560 | 90.8% | 13.4 | 425 | 75.9% |
| 2020-Q3 | 1,092 | 1,021 | 93.5% | 12.2 | 891 | 87.3% | 199 | 175 | 87.9% | 12.8 | 144 | 82.3% | 893 | 846 | 94.7% | 12.1 | 747 | 88.3% |
| 2020-Q4 | 1,005 | 931 | 92.6% | 13.1 | 781 | 83.9% | 192 | 165 | 85.9% | 13.3 | 136 | 82.4% | 813 | 766 | 94.2% | 13.0 | 645 | 84.2% |
| 2021-Q1 | 1,078 | 982 | 91.1% | 12.4 | 866 | 88.2% | 243 | 219 | 90.1% | 13.5 | 178 | 81.3% | 835 | 763 | 91.4% | 12.1 | 688 | 90.2% |
| 2021-Q2 | 1,202 | 1,097 | 91.3% | 12.6 | 943 | 86.0% | 250 | 228 | 91.2% | 12.8 | 180 | 78.9% | 952 | 869 | 91.3% | 12.6 | 763 | 87.8% |
| 2021-Q3 | 1,513 | 1,397 | 92.3% | 14.3 | 1,125 | 80.5% | 316 | 285 | 90.2% | 15.7 | 191 | 67.0% | 1,197 | 1,112 | 92.9% | 13.9 | 934 | 84.0% |
| 2021-Q4 | 1,475 | 1,349 | 91.5% | 14.2 | 1,114 | 82.6% | 305 | 272 | 89.2% | 17.1 | 182 | 66.9% | 1,170 | 1,077 | 92.1% | 13.5 | 932 | 86.5% |
| 2022-Q1 | 1,505 | 1,382 | 91.8% | 14.3 | 1,117 | 80.8% | 338 | 295 | 87.3% | 18.8 | 123 | 41.7% | 1,167 | 1,087 | 93.1% | 13.0 | 994 | 91.4% |
| 2022-Q2 | 1,687 | 1,528 | 90.6% | 15.3 | 1,234 | 80.8% | 399 | 345 | 86.5% | 20.9 | 154 | 44.6% | 1,288 | 1,183 | 91.8% | 13.6 | 1,080 | 91.3% |
| 2022-Q3 | 1,810 | 1,593 | 88.0% | 16.1 | 1,210 | 76.0% | 407 | 324 | 79.6% | 23.1 | 103 | 31.8% | 1,403 | 1,269 | 90.4% | 14.3 | 1,107 | 87.2% |
| 2022-Q4 | 1,470 | 1,330 | 90.5% | 15.0 | 1,090 | 82.0% | 296 | 253 | 85.5% | 17.3 | 166 | 65.6% | 1,174 | 1,077 | 91.7% | 14.4 | 924 | 85.8% |
| 2023-Q1 | 1,651 | 1,530 | 92.7% | 14.3 | 1,409 | 92.1% | 313 | 289 | 92.3% | 16.2 | 269 | 93.1% | 1,338 | 1,241 | 92.8% | 13.8 | 1,140 | 91.9% |
| 2023-Q2 | 1,633 | 1,485 | 90.9% | 13.9 | 1,371 | 92.3% | 297 | 278 | 93.6% | 15.0 | 252 | 90.6% | 1,336 | 1,207 | 90.3% | 13.7 | 1,119 | 92.7% |
| 2023-Q3 | 1,577 | 1,424 | 90.3% | 14.4 | 1,283 | 90.1% | 302 | 275 | 91.1% | 15.1 | 259 | 94.2% | 1,275 | 1,149 | 90.1% | 14.3 | 1,024 | 89.1% |
| 2023-Q4 | 1,468 | 1,330 | 90.6% | 15.0 | 1,132 | 85.1% | 249 | 232 | 93.2% | 14.5 | 210 | 90.5% | 1,219 | 1,098 | 90.1% | 15.1 | 922 | 84.0% |
| 2024-Q1 | 1479 | 1381 | 93.4% | 14.0 | 1189 | 86.1% | 276 | 261 | 94.6% | 12.8 | 246 | 94.3% | 1203 | 1120 | 93.1% | 14.3 | 943 | 84.2% |
| 2024-Q2 | 1670 | 1518 | 90.9% | 13.1 | 1373 | 90.4% | 302 | 287 | 95.0% | 10.2 | 286 | 99.7% | 1368 | 1231 | 90.0% | 13.8 | 1087 | 88.3% |
| 2024-Q3 | 1779 | 1661 | 93.4% | 12.6 | 1553 | 93.5% | 348 | 338 | 97.1% | 10.9 | 337 | 99.7% | 1431 | 1323 | 92.5% | 13.0 | 1216 | 91.9% |
| 2024-Q4 | 1596 | 1497 | 93.8% | 12.6 | 1393 | 93.1% | 303 | 288 | 95.0% | 11.2 | 288 | 100.0% | 1293 | 1209 | 93.5% | 12.9 | 1105 | 91.4% |
| 2025-Q1 | 1726 | 1608 | 93.2% | 11.7 | 1523 | 94.7% | 318 | 314 | 98.7% | 11.5 | 314 | 100.0% | 1408 | 1294 | 91.9% | 11.7 | 1209 | 93.4% |
| 2025-Q2 | 1686 | 1361 | 80.7% | 11.7 | 1313 | 96.5% | 283 | 247 | 87.3% | 11.1 | 247 | 100.0% | 1403 | 1114 | 79.4% | 11.9 | 1066 | 95.7% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 7a:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(3) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

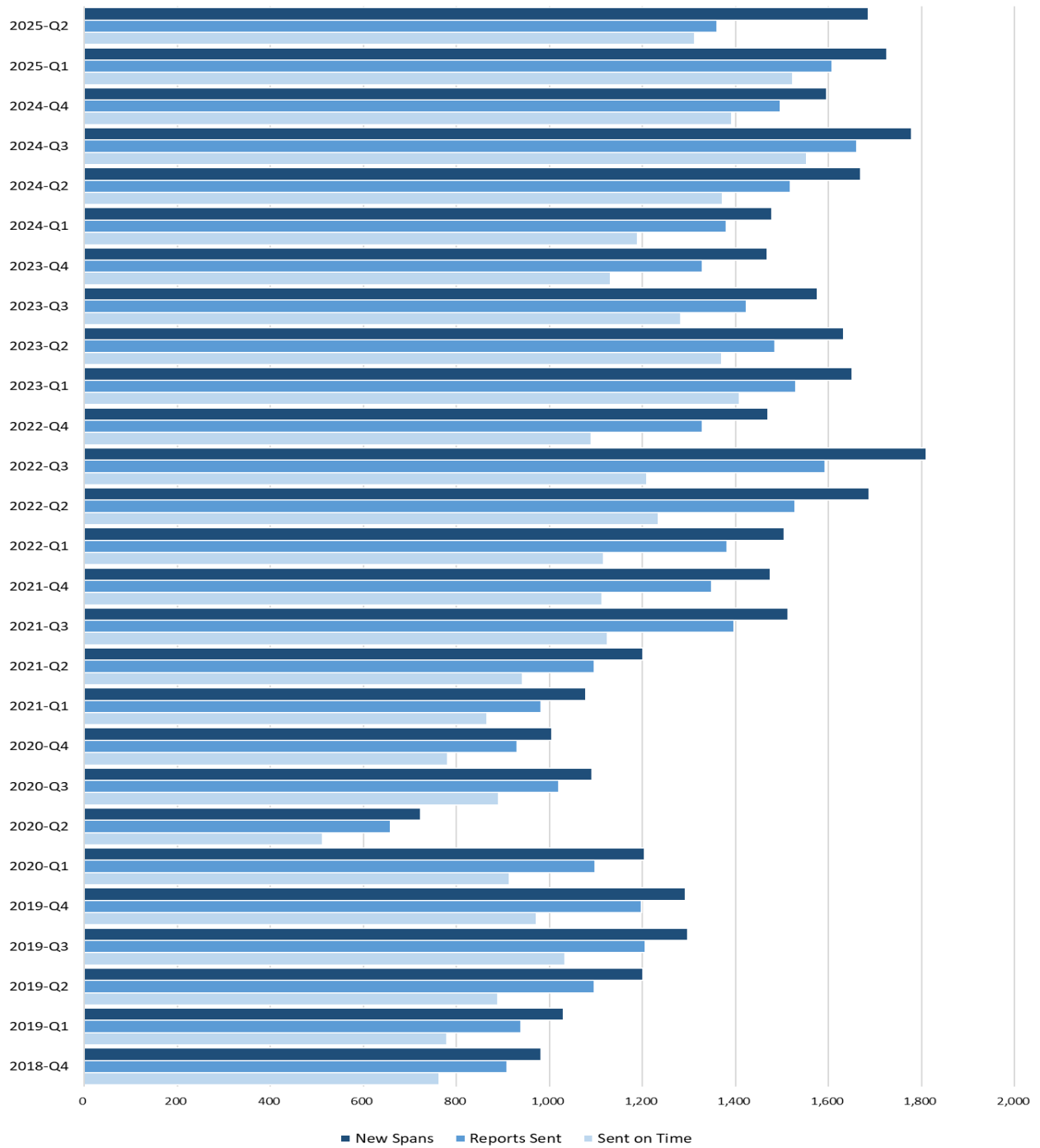
(4) Number and percent of the new court order spans, where the order spans were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all completions by report sent to court for the new court order spans, regardless of when the report is sent to the court.

(5) The average number of days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail people awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.

Figure 7a - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
REPORTS SENT WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 7a displays the number of new outpatient evaluation orders and reports sent to court by quarter for people waiting in-jail. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 7a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

Outcomes: During the Q2 2025 reporting period, 1,686 new outpatient evaluation orders were entered for clients waiting in-jail. This is a slight (-2.3%) decrease compared to the Q1 2025 order number. Q3 2022 remains the record high quarter for outpatient jail-based competency evaluation orders with 1,814. Q3 2024 is the current quarterly record for the number of reports sent to the court with 1,661. For Q2 2025, average days waiting (the time from the beginning of the order until the order was sent to the court) for completed orders, remained flat to 11.7 days (target = 14 days). Statewide on time completion for the completed orders was 96.5 percent, a slight performance increase compared to Q1 2025 and the highest on time completion rate since FDS tracking began 6.75 years ago. WSH completed 95.7 percent of orders on time, a slight increase from Q1, and ESH completed 100 percent on time in Q2 2025. ESH's Q2 on time completion rate means ESH has maintained a 100 percent completion rate for three months. Compared to ESH's 31.8 percent on time completion rate in Q3 2022, this is a dramatic 214-percent improvement.

Drivers: Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020 to levels not seen since 2015. In Q3 and Q4 2020, demand for in-jail evaluations showed substantial recovery relative to Q2 2020, as the criminal court systems re-opened, and our partners learned together how to continue serving clients in COVID-19 impacted systems.

In calendar year 2021, jail-based evaluations continued to increase significantly. This trend continued into calendar year 2022, with Q2 being the first quarter to exceed 1,600 orders, and Q3 the first quarter to exceed both 1,700 and 1,800 orders.

Q1 and Q2 2023 opened 2023 as the busiest six months for orders numbers since FDS tracking began in Q4 2018, but by the calendar year's close, total annual orders for 2023 decreased 2.2 percent compared to 2022.

Demand in 2024 remained strong, setting the largest annual order total on record at 6,525. This surpassed the previous record from 2022 by 49 orders (0.8%). Q1 2025 set a new Q1 record with 1,726 orders, 74 (4.5%) more than the previous record of 1,652 orders in Q1 2023, and Q2 2025 was one order short (1,686) of tying the previous Q2 record established in Q2 2022 (1,687 orders).

It is a challenging environment for evaluators and support staff to continuously be processing and evaluating record levels of orders each quarter and then sending record levels of reports on to the courts. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels. Each time signs point to a potential peak in jail-based evaluations demand, order numbers continue to climb higher.

Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. In previous years, persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office had significantly impacted the completion of on-time evaluations for clients waiting in-jail. However, the addition of contractors beginning in Q3 2022, combined with new staff hires, extra duty pay, and supervisor assistance in completing evaluations have all been contributing factors to ERO's (and overall, the department's) substantial and ongoing improvement in their jail-based competency evaluations. Additional recruitment and pay incentives became available beginning July 1, 2023, and further legislative action taken in the 2024 and 2025 legislative sessions is detailed in the section "Take Action to Address Staffing Challenges" and is now in effect. Lastly, and most importantly, the current staff have been doing incredible work in completing evaluations in 14 days or less.

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations previously impacted timely evaluations at Eastern. Improvements were made in those processes as OFMHS gained administrative oversight. Additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system was funded as part of the 2023-2025 biennial budget passed by the legislature and signed into law during spring 2023. Implementation of this decision package and further refinement of business processes has allowed for significant and ongoing improvements.

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Table 7b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN JAIL for services, by quarter (2)

| | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | | Percent Completed on Time (6) | | | | | |
|---------|-------------------------------|---------------|---------------|--------------------------|--------------------------|---------------|-------------------------------|---------------|---------------|--------------------------|--------------------------|---------------|-------------------------------|---------------|---------------|--------------------------|--------------------------|---------------|
| | Completed on Time (6) | | | Average Days Waiting (5) | | | Completed on Time (6) | | | Average Days Waiting (5) | | | Completed on Time (6) | | | Average Days Waiting (5) | | |
| | Percent Completed (4) | | New Spans (3) | Percent Completed (4) | | New Spans (3) | Percent Completed (4) | | New Spans (3) | Percent Completed (4) | | New Spans (3) | Percent Completed (4) | | New Spans (3) | Percent Completed (4) | | New Spans (3) |
| | Percent Completed (4) | Completed (4) | | Percent Completed (4) | Completed (4) | | Percent Completed (4) | Completed (4) | | Percent Completed (4) | Completed (4) | | Percent Completed (4) | Completed (4) | | Percent Completed (4) | Completed (4) | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| | Year-Quarter | Completed (4) | Completed (4) | Percent Completed (4) | Average Days Waiting (5) | New Spans (3) | Percent Completed (4) | Completed (4) | Completed (4) | Percent Completed (4) | Average Days Waiting (5) | New Spans (3) | Percent Completed (4) | Completed (4) | Completed (4) | Percent Completed (4) | Average Days Waiting (5) | New Spans (3) |
| 2018-Q4 | 982 | 982 | 100.0% | 12.4 | 828 | 84.3% | 203 | 203 | 100.0% | 15.2 | 150 | 73.9% | 779 | 779 | 100.0% | 11.7 | 678 | 87.0% |
| 2019-Q1 | 1,031 | 1,031 | 100.0% | 12.4 | 864 | 83.8% | 201 | 201 | 100.0% | 14.0 | 147 | 73.1% | 830 | 830 | 100.0% | 12.0 | 717 | 86.4% |
| 2019-Q2 | 1,202 | 1,202 | 100.0% | 12.6 | 985 | 81.9% | 248 | 248 | 100.0% | 13.6 | 191 | 77.0% | 954 | 954 | 100.0% | 12.4 | 794 | 83.2% |
| 2019-Q3 | 1,298 | 1,298 | 100.0% | 12.0 | 1,120 | 86.3% | 248 | 248 | 100.0% | 12.3 | 202 | 81.5% | 1,050 | 1,050 | 100.0% | 11.9 | 918 | 87.4% |
| 2019-Q4 | 1,292 | 1,292 | 100.0% | 12.5 | 1,063 | 82.3% | 239 | 239 | 100.0% | 13.4 | 174 | 72.8% | 1,053 | 1,053 | 100.0% | 12.3 | 889 | 84.4% |
| 2020-Q1 | 1,204 | 1,204 | 100.0% | 12.7 | 1,014 | 84.2% | 209 | 209 | 100.0% | 13.5 | 169 | 80.9% | 995 | 995 | 100.0% | 12.5 | 845 | 84.9% |
| 2020-Q2 | 724 | 724 | 100.0% | 12.9 | 568 | 78.5% | 107 | 107 | 100.0% | 12.5 | 94 | 87.9% | 617 | 617 | 100.0% | 13.0 | 474 | 76.8% |
| 2020-Q3 | 1,092 | 1,092 | 100.0% | 11.9 | 958 | 87.7% | 199 | 199 | 100.0% | 12.1 | 165 | 82.9% | 893 | 893 | 100.0% | 11.8 | 793 | 88.8% |
| 2020-Q4 | 1,005 | 1,005 | 100.0% | 12.7 | 847 | 84.3% | 192 | 192 | 100.0% | 12.7 | 158 | 82.3% | 813 | 813 | 100.0% | 12.7 | 689 | 84.7% |
| 2021-Q1 | 1,078 | 1,078 | 100.0% | 12.0 | 955 | 88.6% | 243 | 243 | 100.0% | 13.0 | 200 | 82.3% | 835 | 835 | 100.0% | 11.7 | 755 | 90.4% |
| 2021-Q2 | 1,202 | 1,202 | 100.0% | 12.3 | 1,037 | 86.3% | 250 | 250 | 100.0% | 12.5 | 198 | 79.2% | 952 | 952 | 100.0% | 12.2 | 839 | 88.1% |
| 2021-Q3 | 1,513 | 1,513 | 100.0% | 13.9 | 1,233 | 81.5% | 316 | 316 | 100.0% | 14.9 | 220 | 69.6% | 1,197 | 1,197 | 100.0% | 13.6 | 1,013 | 84.6% |
| 2021-Q4 | 1,475 | 1,475 | 100.0% | 13.9 | 1,223 | 82.9% | 305 | 305 | 100.0% | 16.5 | 208 | 68.2% | 1,170 | 1,170 | 100.0% | 13.2 | 1,015 | 86.8% |
| 2022-Q1 | 1,505 | 1,505 | 100.0% | 14.0 | 1,222 | 81.2% | 338 | 338 | 100.0% | 17.9 | 157 | 46.4% | 1,167 | 1,167 | 100.0% | 12.9 | 1,065 | 91.3% |
| 2022-Q2 | 1,687 | 1,687 | 100.0% | 14.8 | 1,373 | 81.4% | 399 | 399 | 100.0% | 19.9 | 195 | 48.9% | 1,288 | 1,288 | 100.0% | 13.2 | 1,178 | 91.5% |
| 2022-Q3 | 1,810 | 1,810 | 100.0% | 15.6 | 1,396 | 77.1% | 407 | 407 | 100.0% | 21.1 | 167 | 41.0% | 1,403 | 1,403 | 100.0% | 14.0 | 1,229 | 87.6% |
| 2022-Q4 | 1,470 | 1,470 | 100.0% | 14.6 | 1,210 | 82.3% | 296 | 296 | 100.0% | 16.5 | 199 | 67.2% | 1,174 | 1,174 | 100.0% | 14.1 | 1,011 | 86.1% |
| 2023-Q1 | 1,651 | 1,651 | 100.0% | 13.9 | 1,525 | 92.4% | 313 | 313 | 100.0% | 15.7 | 293 | 93.6% | 1,338 | 1,338 | 100.0% | 13.5 | 1,232 | 92.1% |
| 2023-Q2 | 1,633 | 1,633 | 100.0% | 13.6 | 1,508 | 92.3% | 297 | 297 | 100.0% | 14.5 | 270 | 90.9% | 1,336 | 1,336 | 100.0% | 13.3 | 1,238 | 92.7% |
| 2023-Q3 | 1,577 | 1,577 | 100.0% | 13.9 | 1,426 | 90.4% | 302 | 302 | 100.0% | 14.5 | 286 | 94.7% | 1,275 | 1,275 | 100.0% | 13.7 | 1,140 | 89.4% |
| 2023-Q4 | 1,468 | 1,468 | 100.0% | 14.6 | 1,255 | 85.5% | 249 | 249 | 100.0% | 14.2 | 225 | 90.4% | 1,219 | 1,219 | 100.0% | 14.7 | 1,030 | 84.5% |
| 2024-Q1 | 1479 | 1479 | 100.0% | 13.6 | 1283 | 86.7% | 276 | 276 | 100.0% | 12.3 | 261 | 94.6% | 1203 | 1203 | 100.0% | 13.9 | 1022 | 85.0% |
| 2024-Q2 | 1670 | 1670 | 100.0% | 12.6 | 1512 | 90.5% | 302 | 302 | 100.0% | 10.0 | 301 | 99.7% | 1368 | 1368 | 100.0% | 13.2 | 1211 | 88.5% |
| 2024-Q3 | 1779 | 1779 | 100.0% | 12.3 | 1665 | 93.6% | 348 | 348 | 100.0% | 10.7 | 347 | 99.7% | 1431 | 1431 | 100.0% | 12.7 | 1318 | 92.1% |
| 2024-Q4 | 1596 | 1596 | 100.0% | 12.2 | 1490 | 93.4% | 303 | 303 | 100.0% | 11.1 | 303 | 100.0% | 1293 | 1293 | 100.0% | 12.5 | 1187 | 91.8% |
| 2025-Q1 | 1726 | 1726 | 100.0% | 11.3 | 1640 | 95.0% | 318 | 318 | 100.0% | 11.4 | 318 | 100.0% | 1408 | 1408 | 100.0% | 11.3 | 1322 | 93.9% |
| 2025-Q2 | 1686 | 1463 | 86.8% | 11.4 | 1414 | 96.7% | 283 | 253 | 89.4% | 10.9 | 253 | 100.0% | 1403 | 1210 | 86.2% | 11.5 | 1161 | 96.0% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 7b:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 7a above in that it includes all completions, not just those were the client was admitted to a facility.

(3) The number of new court order spans; beginning with a new signed order for people waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when people enter jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services out-of-jail.

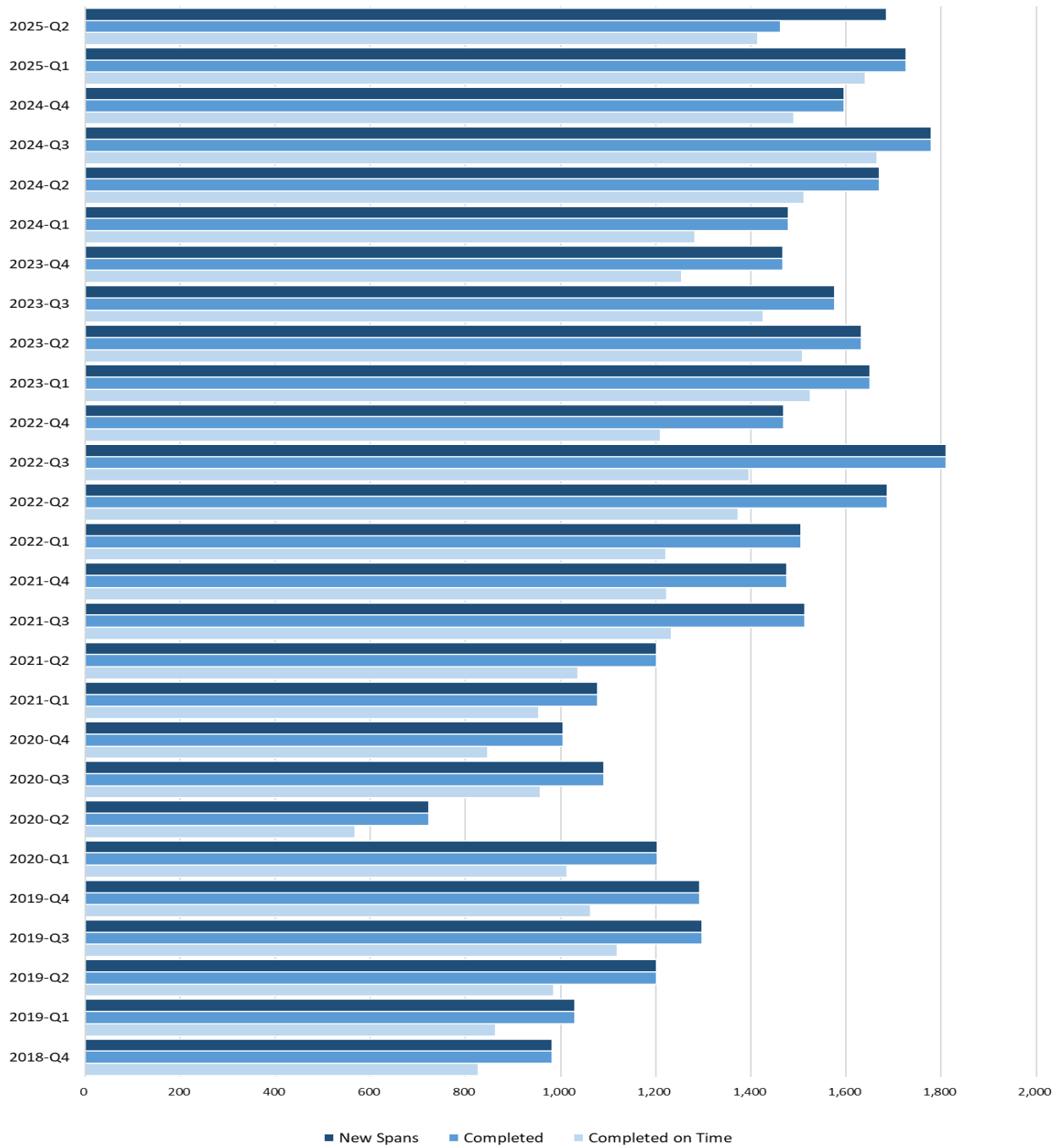
(4) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(5) The average number of days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail people awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.

**Figure 7b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 7b displays the number of new outpatient evaluation orders and all orders completed by quarter for people waiting in-jail. It also includes additional order characteristics such as the percentage completed, the average days waiting, the number completed on time, and the percentage completed on time. Figure 7b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: During the Q2 2025 reporting period, 1,686 new outpatient evaluation orders were entered for clients waiting in-jail. This is a slight (-2.3%) decrease compared to new orders from Q1 2025.

As of July 22, 2025, 1,463 (86.8%) of Q2 2025 orders were completed. Orders completed includes orders that are completed by having evaluations completed and reports sent to the court as well as orders completed through different means such as having the order withdrawn by the court, or having the client's status change, causing the order to no longer remain in effect. Average days waiting (the time from the beginning of the order until the order was completed) for the completed orders, increased slightly to 11.4 days (target = 14 days). On time completion for the completed orders increased slightly to 96.7 percent. WSH completed 96.0 percent of orders on time, and ESH maintained their 100 percent on time completion rate for three quarters running, climbing from 41 percent of orders completed on time in Q3 2022, to 100 percent of orders completed on time in Q4 2024, Q1 2025, and Q2 2025.

Drivers: Each quarter in 2022 except Q4 was near or exceeded record levels of orders, and Q4 traditionally slows slightly due to seasonal variations. Orders in 2023 remained high, with total annual orders for 2023 down only 2.2 percent compared to 2022.

2024 set a new Q4 order record of 1,595 and the largest annual order total on record at 6,525. This surpassed the previous record from 2022 by 49 orders (0.8%). Demand continued to remain strong in the first half of 2025, which also a new Q1 record with 1,726 orders, and Q2 was one order short (1,686) of tying the previous Q2 record established in Q2 2022 (1,687 orders).

It is a challenging environment for evaluators and support staff to continuously be processing and evaluating near record levels of orders each quarter and then sending record levels of reports on to the courts. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels. Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. Persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office had significantly impacted the completion of on time evaluations for clients waiting in-jail in the past. However, the addition of contractors beginning in Q3 2022, combined with new staff hires, extra duty pay, and supervisor assistance in completing evaluations have all been contributing factors to ERO's (and overall, the department's) substantial and ongoing improvement in their jail-based competency evaluations. Additional recruitment

and pay incentives became available beginning July 1, 2023, and further legislative action taken in the 2024 and 2025 legislative sessions is detailed in the **“Take Action to Address Staffing Challenges”** section. Lastly, and most importantly, the current staff have been doing incredible work in completing evaluations in 14 days or less.

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations previously impacted timely evaluations at Eastern. Improvements were made in those processes as OFMHS gained administrative oversight. Additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system was funded as part of the 2023-2025 biennial budget passed by the legislature and signed into law during spring 2023. Implementation of this decision package and further refinement of business processes has allowed for significant and ongoing improvements.

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Table 8a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

| | Percent Reports Sent on Time (7) | | | | | | Percent Reports Sent on Time (7) | | | | | | Percent Reports Sent on Time (7) | | | | | |
|---------|----------------------------------|-----|-------|--------------------------|----|-------|----------------------------------|----|-------|--------------------------|---|-------|----------------------------------|-----|-------|-------|----|-------|
| | Reports Sent on Time (7) | | | | | | Reports Sent on Time (7) | | | | | | Reports Sent on Time (7) | | | | | |
| | Average Days Waiting (6) | | | Average Days Waiting (6) | | | Average Days Waiting (6) | | | Average Days Waiting (6) | | | Average Days Waiting (6) | | | | | |
| | Percent Reports Sent (5) | | | Percent Reports Sent (5) | | | Percent Reports Sent (5) | | | Percent Reports Sent (5) | | | Percent Reports Sent (5) | | | | | |
| | Reports Sent (5) | | | Reports Sent (5) | | | Reports Sent (5) | | | Reports Sent (5) | | | Reports Sent (5) | | | | | |
| | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | New Spans (4) | | | | | |
| | STATEWIDE | | | | | | EASTERN STATE HOSPITAL | | | | | | WESTERN STATE HOSPITAL | | | | | |
| 2018-Q4 | 369 | 195 | 52.8% | 159.4 | 11 | 5.6% | 111 | 68 | 61.3% | 143.0 | 1 | 1.5% | 258 | 127 | 49.2% | 168.2 | 10 | 7.9% |
| 2019-Q1 | 354 | 212 | 59.9% | 155.6 | 16 | 7.5% | 114 | 85 | 74.6% | 134.3 | 6 | 7.1% | 240 | 127 | 52.9% | 169.8 | 10 | 7.9% |
| 2019-Q2 | 426 | 184 | 43.2% | 182.8 | 13 | 7.1% | 134 | 66 | 49.3% | 169.8 | 4 | 6.1% | 292 | 118 | 40.4% | 190.1 | 9 | 7.6% |
| 2019-Q3 | 443 | 188 | 42.4% | 177.6 | 10 | 5.3% | 118 | 56 | 47.5% | 158.4 | 5 | 8.9% | 325 | 132 | 40.6% | 185.8 | 5 | 3.8% |
| 2019-Q4 | 397 | 185 | 46.6% | 221.3 | 11 | 5.9% | 97 | 50 | 51.5% | 291.6 | 4 | 8.0% | 300 | 135 | 45.0% | 195.3 | 7 | 5.2% |
| 2020-Q1 | 376 | 174 | 46.3% | 237.9 | 9 | 5.2% | 88 | 35 | 39.8% | 368.8 | 2 | 5.7% | 288 | 139 | 48.3% | 205.0 | 7 | 5.0% |
| 2020-Q2 | 168 | 87 | 51.8% | 184.6 | 5 | 5.7% | 49 | 28 | 57.1% | 239.3 | 2 | 7.1% | 119 | 59 | 49.6% | 158.6 | 3 | 5.1% |
| 2020-Q3 | 312 | 182 | 58.3% | 146.3 | 18 | 9.9% | 100 | 52 | 52.0% | 213.2 | 6 | 11.5% | 212 | 130 | 61.3% | 119.6 | 12 | 9.2% |
| 2020-Q4 | 350 | 188 | 53.7% | 129.5 | 7 | 3.7% | 90 | 40 | 44.4% | 192.5 | 1 | 2.5% | 260 | 148 | 56.9% | 112.5 | 6 | 4.1% |
| 2021-Q1 | 405 | 207 | 51.1% | 132.9 | 26 | 12.6% | 73 | 30 | 41.1% | 130.2 | 3 | 10.0% | 332 | 177 | 53.3% | 133.3 | 23 | 13.0% |
| 2021-Q2 | 499 | 240 | 48.1% | 131.0 | 10 | 4.2% | 114 | 56 | 49.1% | 148.6 | 1 | 1.8% | 385 | 184 | 47.8% | 125.6 | 9 | 4.9% |
| 2021-Q3 | 496 | 218 | 44.0% | 176.8 | 24 | 11.0% | 133 | 55 | 41.4% | 249.7 | 5 | 9.1% | 363 | 163 | 44.9% | 152.2 | 19 | 11.7% |
| 2021-Q4 | 475 | 205 | 43.2% | 206.5 | 15 | 7.3% | 121 | 33 | 27.3% | 439.9 | 4 | 12.1% | 354 | 172 | 48.6% | 161.7 | 11 | 6.4% |
| 2022-Q1 | 554 | 201 | 36.3% | 249.9 | 3 | 1.5% | 160 | 44 | 27.5% | 473.4 | 2 | 4.5% | 394 | 157 | 39.8% | 187.3 | 1 | 0.6% |
| 2022-Q2 | 523 | 200 | 38.2% | 200.8 | 19 | 9.5% | 123 | 30 | 24.4% | 233.9 | 9 | 30.0% | 400 | 170 | 42.5% | 194.9 | 10 | 5.9% |
| 2022-Q3 | 535 | 199 | 37.2% | 260.3 | 14 | 7.0% | 146 | 34 | 23.3% | 438.7 | 1 | 2.9% | 389 | 165 | 42.4% | 223.5 | 13 | 7.9% |
| 2022-Q4 | 474 | 198 | 41.8% | 271.0 | 12 | 6.1% | 121 | 39 | 32.2% | 449.4 | 3 | 7.7% | 353 | 159 | 45.0% | 227.2 | 9 | 5.7% |
| 2023-Q1 | 501 | 208 | 41.5% | 273.3 | 9 | 4.3% | 113 | 42 | 37.2% | 444.2 | 0 | 0.0% | 388 | 166 | 42.8% | 230.1 | 9 | 5.4% |
| 2023-Q2 | 542 | 246 | 45.4% | 230.0 | 14 | 5.7% | 116 | 52 | 44.8% | 328.8 | 0 | 0.0% | 426 | 194 | 45.5% | 203.6 | 14 | 7.2% |
| 2023-Q3 | 529 | 240 | 45.4% | 223.7 | 20 | 8.3% | 101 | 48 | 47.5% | 327.0 | 1 | 2.1% | 428 | 192 | 44.9% | 197.8 | 19 | 9.9% |
| 2023-Q4 | 454 | 197 | 43.4% | 231.3 | 4 | 2.0% | 89 | 34 | 38.2% | 324.6 | 0 | 0.0% | 365 | 163 | 44.7% | 211.9 | 4 | 2.5% |
| 2024-Q1 | 544 | 232 | 42.6% | 205.6 | 7 | 3.0% | 113 | 46 | 40.7% | 279.9 | 0 | 0.0% | 431 | 186 | 43.2% | 187.2 | 7 | 3.8% |
| 2024-Q2 | 593 | 253 | 42.7% | 189.9 | 14 | 5.5% | 115 | 47 | 40.9% | 253.6 | 0 | 0.0% | 478 | 206 | 43.1% | 175.4 | 14 | 6.8% |
| 2024-Q3 | 647 | 260 | 40.2% | 143.8 | 16 | 6.2% | 146 | 67 | 45.9% | 185.2 | 0 | 0.0% | 501 | 193 | 38.5% | 129.5 | 16 | 8.3% |
| 2024-Q4 | 564 | 189 | 33.5% | 115.8 | 18 | 9.5% | 142 | 58 | 40.8% | 123.5 | 3 | 5.2% | 422 | 131 | 31.0% | 112.4 | 15 | 11.5% |
| 2025-Q1 | 622 | 131 | 21.1% | 72.1 | 16 | 12.2% | 133 | 24 | 18.0% | 93.5 | 0 | 0.0% | 489 | 107 | 21.9% | 67.3 | 16 | 15.0% |
| 2025-Q2 | 645 | 37 | 5.7% | 33.1 | 13 | 35.1% | 124 | 8 | 6.5% | 42.3 | 1 | 12.5% | 521 | 29 | 5.6% | 30.6 | 12 | 41.4% |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 8a:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=44), or while in prison (n=20).

(3) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(4) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.

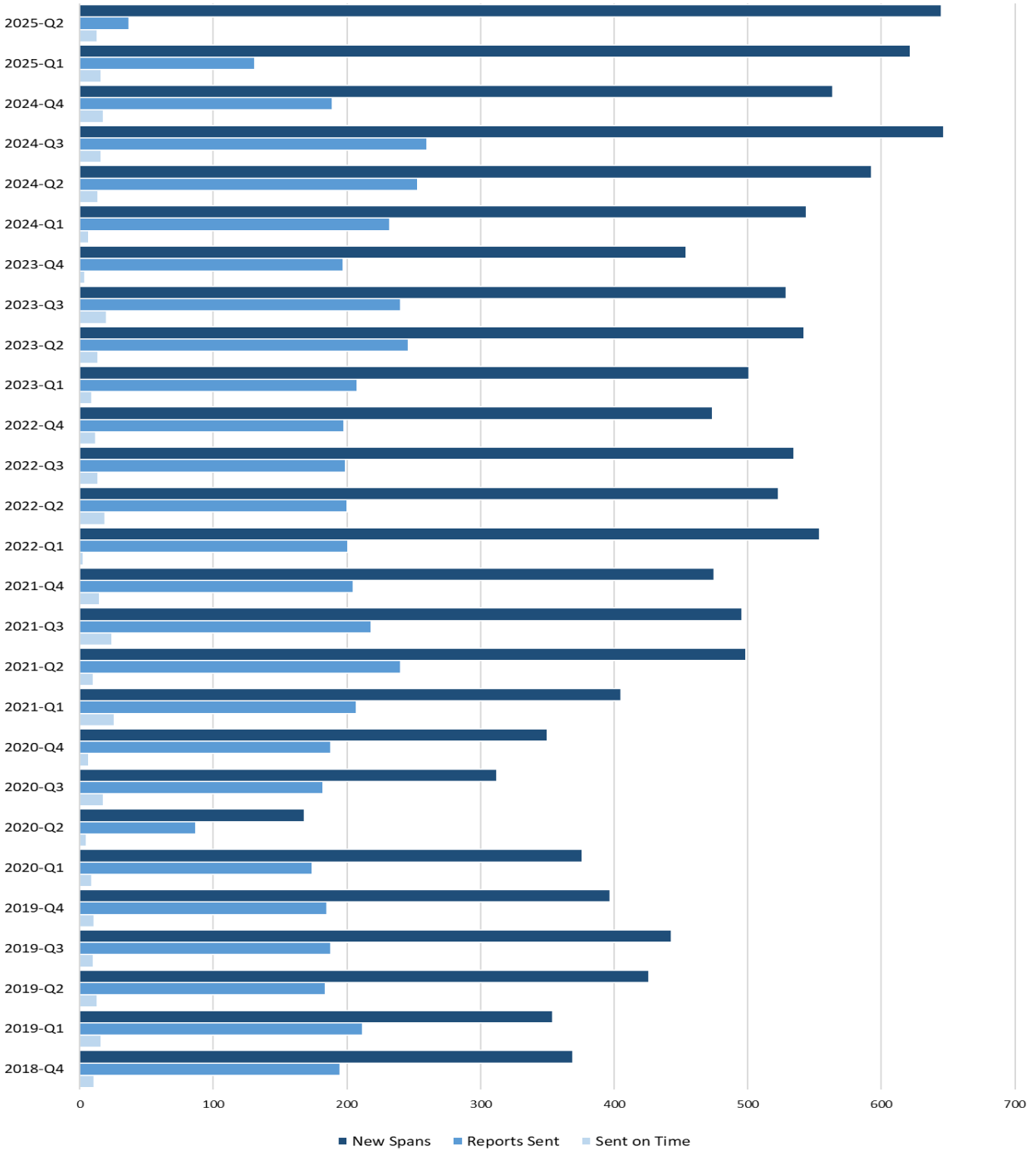
(5) Number and percent of the new court order spans, where the order spans were completed by a faxed evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes completions by report sent to court for the new court order spans, regardless of when the order completion occurs.

(6) The average number of days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 8a - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
REPORTS SENT WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 8a displays the number of new outpatient evaluation orders and reports sent to court by quarter for people waiting in the community. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 8a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

Outcomes: During the Q2 2025 reporting period, 645 orders statewide were received for people waiting for an outpatient evaluation in the community on personal recognizance. The number of orders received for Q2 2025 increased slightly (3.7%) compared to Q1 2025's 622 orders. Of the 37 Q2 evaluation reports sent to courts statewide, average days waiting was 33.1 (target = 21). However, as time moves further away from the close of Q2 and cases continue to complete over time, the number and percent of reports completing will increase on the positive side, while the average days waiting, reports sent on time, and percent of reports sent on time will move in negative directions. As a result, the Q2 data, at first look, appears close to its strongest in terms of performance. As the Q2 data continues maturing, a more realistic pattern of performance will likely emerge.

Drivers: The quarterly variability for the "in the community" performance data and reports sent completion trend are attributed to directing resources to Trueblood cases as the number one completion priority. The established constitutional rights stemming from the Trueblood Court Order and negotiated Contempt Settlement Agreement demands that DSHS focus most resources and our efforts to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations. The PR evaluation team was able to host two multi-county competency evaluation day events near the end of Q1 2023. These events allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. These types of events and the improved post-pandemic environment have led to some positive progress in reducing the wait list for PR cases. The department has continued to host multi-county competency evaluation day events as resources allow. However, staffing levels, the need for the PR evaluation team to cover a significant number of Trueblood inpatient cases, and the wider systemic challenges in health care staffing remain persistent challenges impacting performance. Senate Bill 5440, passed in the 2023 legislative session, provides additional tools to help the PR team move through the backlog and streamline current processes. These new tools continue exerting positive impact on the wait list.

The statutory performance target is twenty-one days or less for defendants who make reasonable effort to cooperate with the evaluation. While the goal is to perform all out-of-custody evaluations within these guidelines, in prioritizing these evaluations, fairness and efficient resource allocation guides the managing and scheduling for out-of-custody cases. Older cases have priority over newer cases as defendants have waited longer for evaluation. However, several newer cases are also assigned to offset older cases having a higher likelihood of defendant's failing to appear for evaluation. This typically is assigned per evaluator as three cases with the oldest court order signature dates and one case with a recent court order signature date.

After SB 5440's passage, an additional tool has been added in decreasing the no-show rate of out-of-custody people. Historically, no-shows have used a significant portion of the resources available. RCW 10.77.060(7) now requires that three "attempts" are made by OFMHS to schedule competency evaluations in the community. If the scheduling or evaluation process is not completed due to the defendant's nonappearance, cancellation of a scheduled evaluation with less than 48 hours' notice, or if no response is received within ten business days of an attempt to schedule an evaluation, OFMHS will consider this as an attempt at scheduling.

A second attempt will be made if the first is unsuccessful. If the second attempt is similarly unsuccessful, OFMHS will determine a time and location for the evaluation to occur no sooner than four weeks from the second failed attempt and notify the Court.

If the third attempt is again unsuccessful for any of the reasons previously stated, OFHMS will notify the Court, and the Court shall be required to recall the order for competency evaluation and may issue a warrant for the failure to appear. Additionally, OFMHS will remove the defendant from our scheduling system and will not pursue any further attempts to schedule the evaluation until further order of the court. See the "**Actions Taken**" section of this report for steps the department is engaged in seeking to improve our performance.

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Table 8b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

| | Percent Completed on Time (7) | | | | | | | Percent Completed on Time (7) | | | | | | | Percent Completed on Time (7) | | | | | | |
|---------------|-------------------------------|-----------|-------------------|----------------------|-----------|-----------|------------------------|-------------------------------|-----------|-----------|-------------------|----------------------|-----------|------------------------|-------------------------------|----------------------|----|-------|--|--|--|
| | Completed on Time (7) | | | | | | | Completed on Time (7) | | | | | | | Completed on Time (7) | | | | | | |
| | Average Days Waiting (6) | | | | | | | Average Days Waiting (6) | | | | | | | Average Days Waiting (6) | | | | | | |
| | Percent Completed (5) | | | | | | | Percent Completed (5) | | | | | | | Percent Completed (5) | | | | | | |
| | Completed (5) | | | | | | | Completed (5) | | | | | | | Completed (5) | | | | | | |
| New Spans (4) | | | | | | | New Spans (4) | | | | | | | New Spans (4) | | | | | | | |
| STATEWIDE | | | | | | | EASTERN STATE HOSPITAL | | | | | | | WESTERN STATE HOSPITAL | | | | | | | |
| Year-Quarter | Completed | New Spans | Percent Completed | Average Days Waiting | Completed | New Spans | Percent Completed | Average Days Waiting | Completed | New Spans | Percent Completed | Average Days Waiting | Completed | New Spans | Percent Completed | Average Days Waiting | | | | | |
| 2018-Q4 | 369 | 369 | 100.0% | 197.2 | 25 | 6.8% | 111 | 111 | 100.0% | 190.2 | 7 | 6.3% | 258 | 258 | 100.0% | 200.2 | 18 | 7.0% | | | |
| 2019-Q1 | 354 | 353 | 99.7% | 178.0 | 30 | 8.5% | 114 | 113 | 99.1% | 137.9 | 8 | 7.1% | 240 | 240 | 100.0% | 197.0 | 22 | 9.2% | | | |
| 2019-Q2 | 426 | 426 | 100.0% | 192.7 | 29 | 6.8% | 134 | 134 | 100.0% | 154.9 | 9 | 6.7% | 292 | 292 | 100.0% | 210.1 | 20 | 6.8% | | | |
| 2019-Q3 | 443 | 443 | 100.0% | 193.1 | 41 | 9.3% | 118 | 118 | 100.0% | 189.4 | 14 | 11.9% | 325 | 325 | 100.0% | 194.5 | 27 | 8.3% | | | |
| 2019-Q4 | 397 | 397 | 100.0% | 240.1 | 31 | 7.8% | 97 | 97 | 100.0% | 353.2 | 7 | 7.2% | 300 | 300 | 100.0% | 203.5 | 24 | 8.0% | | | |
| 2020-Q1 | 376 | 376 | 100.0% | 282.0 | 28 | 7.4% | 88 | 88 | 100.0% | 489.6 | 4 | 4.5% | 288 | 288 | 100.0% | 218.5 | 24 | 8.3% | | | |
| 2020-Q2 | 168 | 168 | 100.0% | 226.5 | 16 | 9.5% | 49 | 49 | 100.0% | 358.5 | 2 | 4.1% | 119 | 119 | 100.0% | 172.2 | 14 | 11.8% | | | |
| 2020-Q3 | 312 | 312 | 100.0% | 186.6 | 30 | 9.6% | 100 | 100 | 100.0% | 270.7 | 10 | 10.0% | 212 | 212 | 100.0% | 147.0 | 20 | 9.4% | | | |
| 2020-Q4 | 350 | 349 | 99.7% | 171.4 | 21 | 6.0% | 90 | 90 | 100.0% | 279.8 | 7 | 7.8% | 260 | 259 | 99.6% | 133.7 | 14 | 5.4% | | | |
| 2021-Q1 | 405 | 405 | 100.0% | 179.4 | 57 | 14.1% | 73 | 73 | 100.0% | 355.7 | 8 | 11.0% | 332 | 332 | 100.0% | 140.7 | 49 | 14.8% | | | |
| 2021-Q2 | 499 | 499 | 100.0% | 183.5 | 40 | 8.0% | 114 | 114 | 100.0% | 261.0 | 8 | 7.0% | 385 | 385 | 100.0% | 160.6 | 32 | 8.3% | | | |
| 2021-Q3 | 496 | 496 | 100.0% | 210.7 | 51 | 10.3% | 133 | 133 | 100.0% | 326.2 | 13 | 9.8% | 363 | 363 | 100.0% | 168.4 | 38 | 10.5% | | | |
| 2021-Q4 | 475 | 475 | 100.0% | 252.3 | 41 | 8.6% | 121 | 121 | 100.0% | 442.9 | 14 | 11.6% | 354 | 354 | 100.0% | 187.2 | 27 | 7.6% | | | |
| 2022-Q1 | 554 | 554 | 100.0% | 263.7 | 32 | 5.8% | 160 | 160 | 100.0% | 410.7 | 12 | 7.5% | 394 | 394 | 100.0% | 204.0 | 20 | 5.1% | | | |
| 2022-Q2 | 523 | 522 | 99.8% | 241.6 | 47 | 9.0% | 123 | 122 | 99.2% | 347.8 | 10 | 8.2% | 400 | 400 | 100.0% | 209.3 | 37 | 9.3% | | | |
| 2022-Q3 | 535 | 534 | 99.8% | 249.3 | 43 | 8.1% | 146 | 146 | 100.0% | 320.0 | 20 | 13.7% | 389 | 388 | 99.7% | 222.7 | 23 | 5.9% | | | |
| 2022-Q4 | 474 | 474 | 100.0% | 271.7 | 32 | 6.8% | 121 | 121 | 100.0% | 395.5 | 12 | 9.9% | 353 | 353 | 100.0% | 229.2 | 20 | 5.7% | | | |
| 2023-Q1 | 501 | 500 | 99.8% | 252.6 | 29 | 5.8% | 113 | 112 | 99.1% | 372.5 | 2 | 1.8% | 388 | 388 | 100.0% | 218.0 | 27 | 7.0% | | | |
| 2023-Q2 | 542 | 538 | 99.3% | 229.6 | 33 | 6.1% | 116 | 116 | 100.0% | 319.9 | 4 | 3.4% | 426 | 422 | 99.1% | 204.8 | 29 | 6.9% | | | |
| 2023-Q3 | 529 | 523 | 98.9% | 216.8 | 47 | 9.0% | 101 | 99 | 98.0% | 323.9 | 5 | 5.1% | 428 | 424 | 99.1% | 191.9 | 42 | 9.9% | | | |
| 2023-Q4 | 454 | 448 | 98.7% | 227.6 | 22 | 4.9% | 89 | 86 | 96.6% | 314.7 | 2 | 2.3% | 365 | 362 | 99.2% | 206.9 | 20 | 5.5% | | | |
| 2024-Q1 | 544 | 514 | 94.5% | 201.0 | 24 | 4.7% | 113 | 108 | 95.6% | 249.3 | 3 | 2.8% | 431 | 406 | 94.2% | 188.2 | 21 | 5.2% | | | |
| 2024-Q2 | 593 | 530 | 89.4% | 190.3 | 36 | 6.8% | 115 | 101 | 87.8% | 243.0 | 2 | 2.0% | 478 | 429 | 89.7% | 177.9 | 34 | 7.9% | | | |
| 2024-Q3 | 647 | 526 | 81.3% | 149.9 | 54 | 10.3% | 146 | 135 | 92.5% | 182.7 | 4 | 3.0% | 501 | 391 | 78.0% | 138.6 | 50 | 12.8% | | | |
| 2024-Q4 | 564 | 382 | 67.7% | 116.1 | 33 | 8.6% | 142 | 109 | 76.8% | 130.7 | 6 | 5.5% | 422 | 273 | 64.7% | 110.3 | 27 | 9.9% | | | |
| 2025-Q1 | 622 | 271 | 43.6% | 66.9 | 51 | 18.8% | 133 | 44 | 33.1% | 92.7 | 1 | 2.3% | 489 | 227 | 46.4% | 61.9 | 50 | 22.0% | | | |
| 2025-Q2 | 645 | 93 | 14.4% | 30.4 | 38 | 40.9% | 124 | 18 | 14.5% | 35.8 | 5 | 27.8% | 521 | 75 | 14.4% | 29.0 | 33 | 44.0% | | | |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes for Table 8b:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=44), or while in prison (n=20).

(3) This data is pulled from the BHHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where a person waited for court ordered services in a particular client status (i.e., In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 8a above in that it includes all completions, not just those where the client was admitted to a facility.

(4) The number of new court order spans; beginning with a new signed order for people waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for people waiting for services in-jail, in a facility, or in prison.

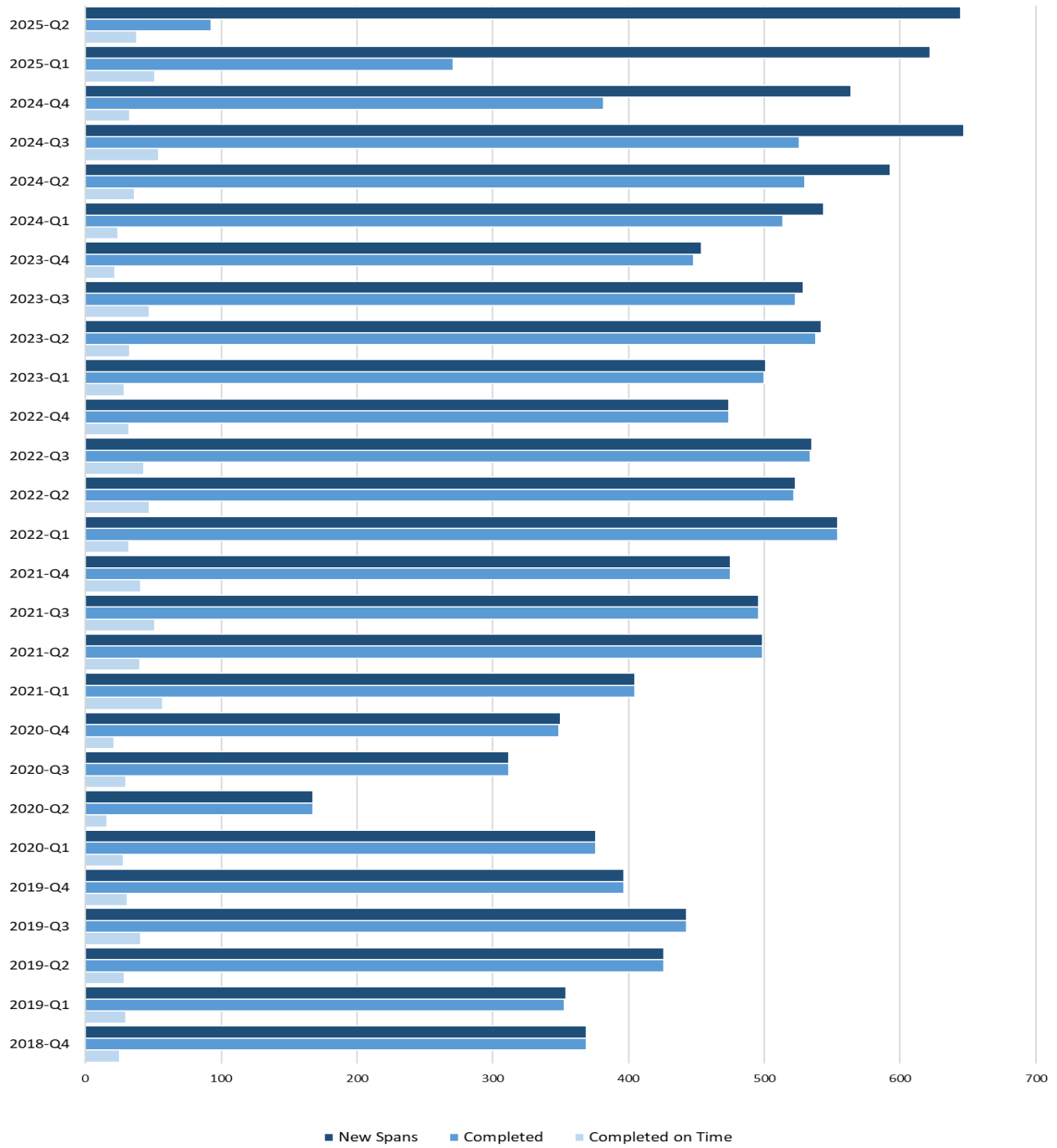
(5) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(6) The average number of days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

NOTE: The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

Figure 8b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 8b displays the number of new outpatient evaluation orders and all orders completed by quarter for people waiting in the community. It also includes additional order characteristics such as the percentage of orders completed, the average days waiting, the number of orders completed on time, and the percentage of orders completed on time. Figure 8b visually shows the number of orders by quarter, the number of orders completed, and the number completed on time differentiated by colored bars.

Outcomes: During the Q2 2025 reporting period, 645 orders statewide were received for people waiting for an outpatient evaluation in the community on personal recognizance. This represents a slight increase (3.7%) in the number of orders compared to Q1 2025's 622 new orders. During Q2 2025, and the initial period of data maturity and processing that ended on July 22, 2025, 93 in the community/PR orders were completed. Of the 93 orders completed statewide, average days waiting was 30.4 (target = 21). This is an initial look at Q2 data that will substantially change over time as a greater number of Q2 2025 "in the community" orders complete during future quarters and are recorded into the Q2 data. On a positive note, continued completion of Q2 orders into future quarters will increase the number and percentage of Q2 orders completed. However, the average days waiting for Q2 orders will increase, and the number and percent of Q2 orders completed on time will also decrease.

Drivers: The quarterly variability for the "in the community" performance data and reports sent completion trend are attributed to directing resources to Trueblood cases as the number one completion priority. The established constitutional rights stemming from the Trueblood Court Order and negotiated Contempt Settlement Agreement demands that DSHS focus most resources and our efforts to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations. As COVID-19 impacts moved from pandemic to endemic, the PR evaluation team was able to host two multi-county competency evaluation day events near the end of Q1 2023. These events allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. These types of events and the improved post-pandemic environment have led to some positive progress in reducing the wait list for PR cases. The department continues to host multi-county competency evaluation day events as resources allow. However, staffing levels, the need for the PR evaluation team to cover a significant number of Trueblood inpatient cases, and the wider systemic challenges in health care staffing remain persistent challenges impacting performance. Senate Bill 5440, passed in the 2023 legislative session, provides additional tools to help the PR team move through the backlog and streamline current processes. These new tools continue exerting positive impact on the wait list.

The statutory performance target is twenty-one days or less for defendants who make reasonable effort to cooperate with the evaluation. While the goal is to perform all out-of-custody evaluations within these guidelines, in prioritizing these evaluations, fairness and efficient resource allocation guides the managing and scheduling for out-of-custody cases. Older cases have priority over newer cases as defendants have waited longer for evaluation. However, several newer cases are

also assigned to offset older cases having a higher likelihood of defendant's failing to appear for evaluation. This typically is assigned per evaluator as three cases with the oldest court order signature dates and one case with a recent court order signature date.

After SB 5440's passage, an additional tool has been added in decreasing the no-show rate of out-of-custody people. Historically, no-shows have used a significant portion of the resources available. RCW 10.77.060(7) now requires that three "attempts" are made by OFMHS to schedule competency evaluations in the community. If the scheduling or evaluation process is not completed due to the defendant's nonappearance, cancellation of a scheduled evaluation with less than 48 hours' notice, or if no response is received within ten business days of an attempt to schedule an evaluation, OFMHS will consider this as an attempt at scheduling.

A second attempt will be made if the first is unsuccessful. If the second attempt is similarly unsuccessful, OFMHS will determine a time and location for the evaluation to occur no sooner than four weeks from the second failed attempt and notify the Court.

If the third attempt is again unsuccessful for any of the reasons previously stated, OFHMS will notify the Court, and the court shall be required to recall the order for competency evaluation and may issue a warrant for the failure to appear. Additionally, OFMHS will remove the defendant from our scheduling system and will not pursue any further attempts to schedule the evaluation until further order of the court. See the "**Actions Taken**" section of this report for steps the department is engaged in seeking to improve our performance.

Global Quarterly Order Data

Tables 9a-12b and Figures 9a-12b show global order data to illustrate total orders signed by calendar quarter for all types of competency services offered by the department. Each table shows total orders by quarter, by felony or misdemeanor, by hospital or combined statewide. Tables labeled “a,” show orders for people “waiting in-jail” for their services, and tables labeled “b,” show orders for people “waiting in the community” for their services. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders – waiting in-jail/waiting in the community
- Inpatient competency evaluation orders – waiting in-jail/waiting in the community
- Inpatient civil conversion orders – waiting in-jail/waiting in the community
- Outpatient competency evaluation orders – waiting in-jail/waiting in the community.

This section of the data presentation begins below. Each “a” table will pair with an “a” figure. After each table and figure pair, a narrative explanation of the visuals and discussion of the outcomes and drivers represented in the data contained within the visuals, as well as the greater context in which the data is situated, follows. Likewise, every “b” table will be paired with a “b” figure, and again followed by the discussion described above.

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Table 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter

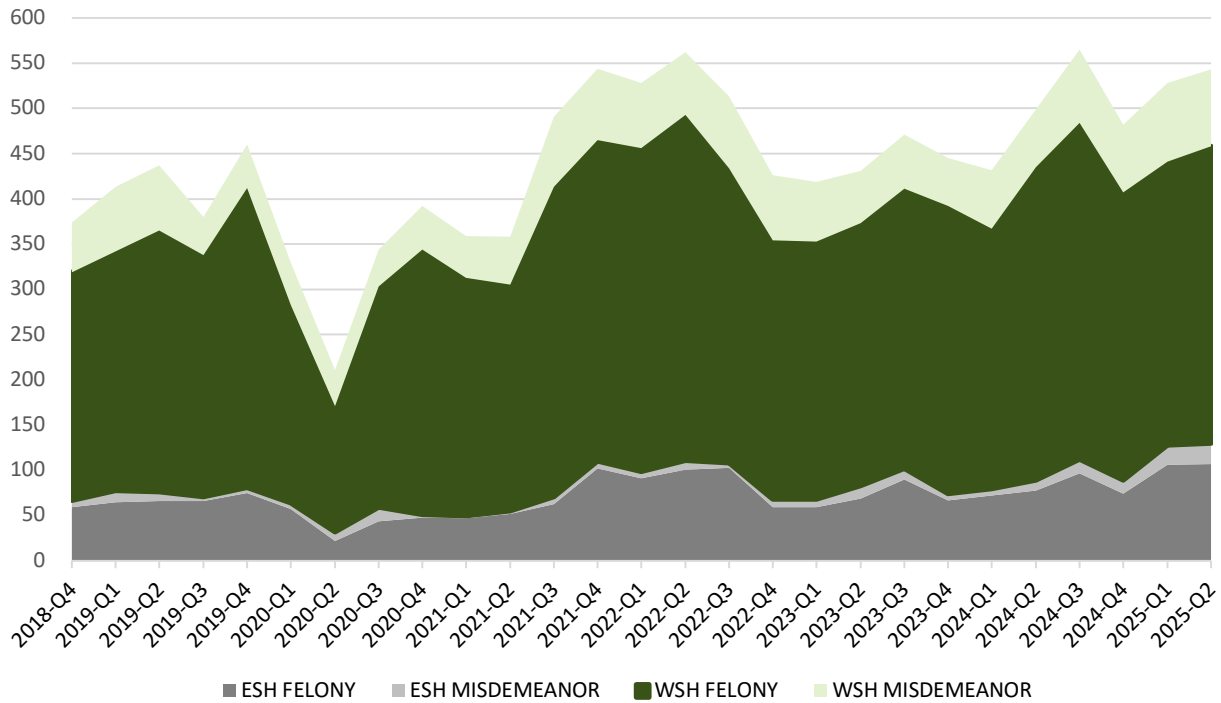
| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH (1) | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|---------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 311 | 63 | 374 | 59 | 8 | 67 | 252 | 55 | 307 |
| 2019-Q1 | 329 | 84 | 413 | 65 | 13 | 78 | 264 | 71 | 335 |
| 2019-Q2 | 355 | 82 | 437 | 66 | 10 | 76 | 289 | 72 | 361 |
| 2019-Q3 | 333 | 47 | 380 | 66 | 5 | 71 | 267 | 42 | 309 |
| 2019-Q4 | 406 | 54 | 460 | 75 | 6 | 81 | 331 | 48 | 379 |
| 2020-Q1 | 276 | 54 | 330 | 57 | 7 | 64 | 219 | 47 | 266 |
| 2020-Q2 | 161 | 50 | 211 | 22 | 10 | 32 | 139 | 40 | 179 |
| 2020-Q3 | 288 | 56 | 344 | 44 | 15 | 59 | 244 | 41 | 285 |
| 2020-Q4 | 341 | 51 | 392 | 48 | 3 | 51 | 293 | 48 | 341 |
| 2021-Q1 | 310 | 49 | 359 | 47 | 3 | 50 | 263 | 46 | 309 |
| 2021-Q2 | 302 | 56 | 358 | 52 | 3 | 55 | 250 | 53 | 303 |
| 2021-Q3 | 405 | 86 | 491 | 63 | 8 | 71 | 342 | 78 | 420 |
| 2021-Q4 | 457 | 87 | 544 | 102 | 8 | 110 | 355 | 79 | 434 |
| 2022-Q1 | 448 | 80 | 528 | 91 | 8 | 99 | 357 | 72 | 429 |
| 2022-Q2 | 483 | 79 | 562 | 101 | 10 | 111 | 382 | 69 | 451 |
| 2022-Q3 | 429 | 84 | 513 | 103 | 5 | 108 | 326 | 79 | 405 |
| 2022-Q4 | 345 | 81 | 426 | 59 | 9 | 68 | 286 | 72 | 358 |
| 2023-Q1 | 344 | 75 | 419 | 59 | 9 | 68 | 285 | 66 | 351 |
| 2023-Q2 | 359 | 72 | 431 | 69 | 14 | 83 | 290 | 58 | 348 |
| 2023-Q3 | 399 | 72 | 471 | 90 | 12 | 102 | 309 | 60 | 369 |
| 2023-Q4 | 385 | 60 | 445 | 67 | 7 | 74 | 318 | 53 | 371 |
| 2024-Q1 | 359 | 73 | 432 | 72 | 8 | 80 | 287 | 65 | 352 |
| 2024-Q2 | 424 | 75 | 499 | 78 | 11 | 89 | 346 | 64 | 410 |
| 2024-Q3 | 469 | 96 | 565 | 97 | 15 | 112 | 372 | 81 | 453 |
| 2024-Q4 | 392 | 90 | 482 | 74 | 15 | 89 | 318 | 75 | 393 |
| 2025-Q1 | 419 | 109 | 528 | 106 | 22 | 128 | 313 | 87 | 400 |
| 2025-Q2 | 435 | 108 | 543 | 107 | 23 | 130 | 328 | 85 | 413 |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Note:

(1) Includes referrals that end up admitting to the BHTCs (formerly known as RTFs).

Figure 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 9a above provides the total number of felony and misdemeanor inpatient competency restoration orders for people waiting in jail, and Figure 9a provides a visual representation of the same data.

Outcomes: During the Q2 2025 reporting period, new inpatient restoration orders increased slightly from Q1 2025 levels (2.8%) to 543 statewide. ESH orders increased slightly (1.6%) to 130 orders. WSH orders increased slightly (3.3%) to 413 orders. WSH order numbers also include orders that are admitted for restoration services at our behavioral health and treatment centers.

Drivers: The statewide increase in orders during Q2 was slight (543 orders; 2.8%). Q2 2025 was the second highest Q2 on record, after the 2022 record Q2 with 562. Q3 2024, ranks the highest out of 26 quarters since restoration order tracking began in the Forensic Data System in Q4 2018. During these last 6.75 years, competency restoration orders have averaged 442.1 per quarter, so Q2 2025 is significantly above the statewide average, and orders have consistently been above the statewide average since Q2 2024. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders. Based on frequent near-record levels of competency evaluation orders, it appears the downstream impacts on restoration orders will continue for the foreseeable future.

After order levels collapsed at both state hospitals during Q1 and Q2 2020 due to the onset of the global pandemic's effects in Washington state, inpatient restoration orders recovered substantially by the end of Q4 2020 before moderating somewhat in Q1 and Q2 2021 and then accelerating to continuous record and near-record levels in the five subsequent quarters. Q4 2022 through Q2 2023 have seen restoration orders moderate somewhat, which has likely reflected typical seasonal variations in demand plus other factors, some of which may remain unidentified. Orders began to increase again in Q2 2024, approaching the record levels seen in 2022. With few exceptions, as the department has increased capacity and gained efficiencies in its processes, the criminal court system and mental health community have demanded the department's services at a greater pace.

Competency restoration orders are primarily a function of completed competency evaluation orders. As a subset of evaluation orders, a percentage of clients will be found incompetent and court-ordered for restoration. When demand for evaluations increases or decreases, competency restoration orders tend to increase or decrease accordingly. Restoration services demand, over the last 12 quarters since Q2 2022, appears to have tracked mostly in line with expectations, based on the observed increases and decreases in evaluation services "admitted orders" and "orders sent to court." With the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days. Staff will continue to closely monitor this data over the upcoming quarters to determine if any additional causes or trends become discernable in the data.

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Table 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter

| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH (2) | | |
|-------------------|--------|-------------|-------|--------|-------------|-------|---------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 39 | 14 | 53 | 3 | 3 | 6 | 36 | 11 | 47 |
| 2019-Q1 | 46 | 23 | 69 | 4 | 2 | 6 | 42 | 21 | 63 |
| 2019-Q2 | 46 | 18 | 64 | 7 | 0 | 7 | 39 | 18 | 57 |
| 2019-Q3 | 41 | 18 | 59 | 2 | 2 | 4 | 39 | 16 | 55 |
| 2019-Q4 | 53 | 14 | 67 | 6 | 0 | 6 | 47 | 14 | 61 |
| 2020-Q1 | 45 | 16 | 61 | 4 | 1 | 5 | 41 | 15 | 56 |
| 2020-Q2 | 33 | 20 | 53 | 4 | 3 | 7 | 29 | 17 | 46 |
| 2020-Q3 | 47 | 17 | 64 | 10 | 2 | 12 | 37 | 15 | 52 |
| 2020-Q4 | 49 | 14 | 63 | 4 | 2 | 6 | 45 | 12 | 57 |
| 2021-Q1 | 47 | 15 | 62 | 8 | 0 | 8 | 39 | 15 | 54 |
| 2021-Q2 | 28 | 11 | 39 | 4 | 1 | 5 | 24 | 10 | 34 |
| 2021-Q3 | 55 | 15 | 70 | 13 | 0 | 13 | 42 | 15 | 57 |
| 2021-Q4 | 71 | 26 | 97 | 10 | 4 | 14 | 61 | 22 | 83 |
| 2022-Q1 | 63 | 21 | 84 | 8 | 4 | 12 | 55 | 17 | 72 |
| 2022-Q2 | 74 | 18 | 92 | 12 | 2 | 14 | 62 | 16 | 78 |
| 2022-Q3 | 68 | 24 | 92 | 14 | 2 | 16 | 54 | 22 | 76 |
| 2022-Q4 | 72 | 20 | 92 | 14 | 2 | 16 | 58 | 18 | 76 |
| 2023-Q1 | 65 | 37 | 102 | 10 | 3 | 13 | 55 | 34 | 89 |
| 2023-Q2 | 61 | 28 | 89 | 9 | 6 | 15 | 52 | 22 | 74 |
| 2023-Q3 | 38 | 19 | 57 | 3 | 2 | 5 | 35 | 17 | 52 |
| 2023-Q4 | 33 | 17 | 50 | 2 | 3 | 5 | 31 | 14 | 45 |
| 2024-Q1 | 30 | 10 | 40 | 3 | 1 | 4 | 27 | 9 | 36 |
| 2024-Q2 | 30 | 5 | 35 | 2 | 1 | 3 | 28 | 4 | 32 |
| 2024-Q3 | 28 | 6 | 34 | 1 | 0 | 1 | 27 | 6 | 33 |
| 2024-Q4 | 11 | 6 | 17 | 0 | 0 | 0 | 11 | 6 | 17 |
| 2025-Q1 | 22 | 2 | 24 | 11 | 2 | 13 | 11 | 0 | 11 |
| 2025-Q2 | 23 | 11 | 34 | 3 | 2 | 5 | 20 | 9 | 29 |

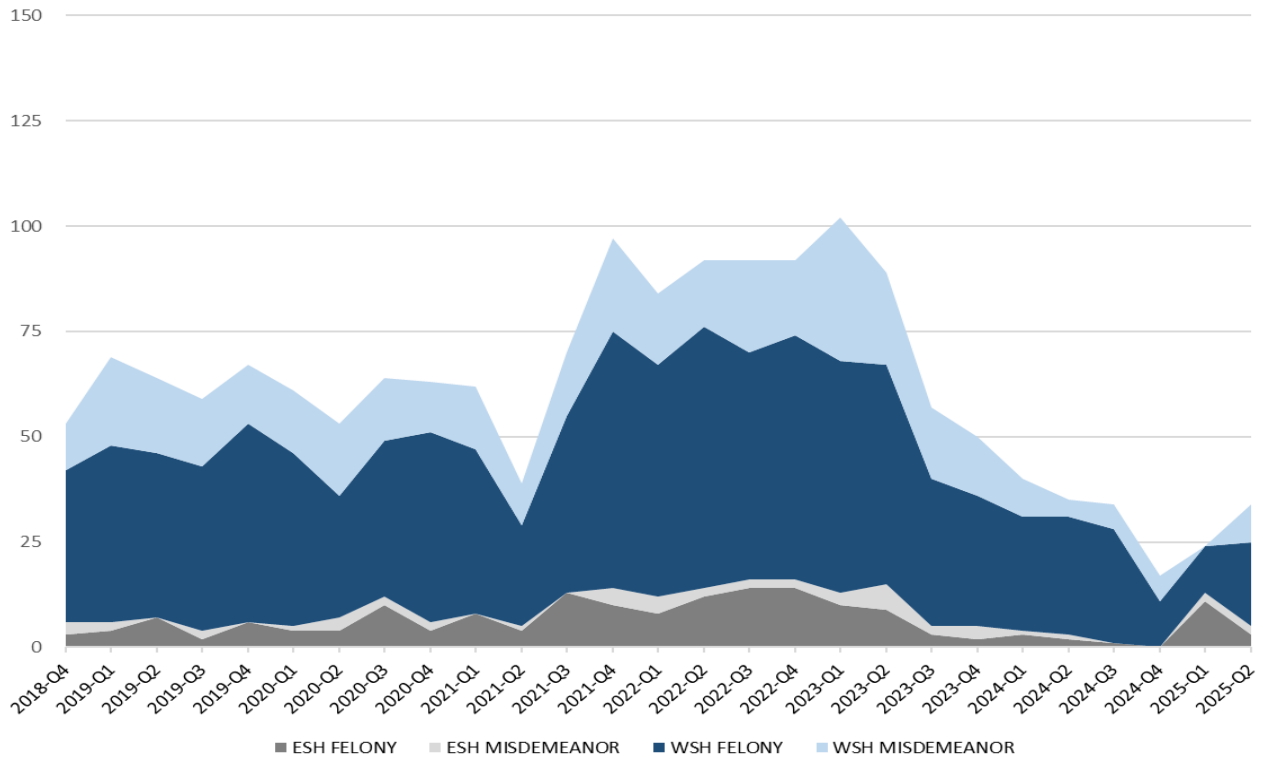
DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=3,313), or while in prison (n=5).

(2) Includes referrals that end up admitting to the BHTCs (formerly known as RTFs).

Figure 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 9b above provides the total number of felony and misdemeanor inpatient competency restoration orders for people waiting in the community, and Figure 9b provides a visual representation of the same data.

Outcomes: During Q2 2025, new inpatient restoration orders increased significantly for clients waiting in the community on personal recognizance. Orders increased statewide from 24 to 34, a 41.7 percent increase. Orders at ESH decreased significantly from 13 to five, and orders at WSH increased significantly from 11 to 29, a 163.6 percent increase. WSH order numbers also include orders that are admitted for restoration services at our behavioral health and treatment centers.

Drivers: Current order totals statewide (34) and by facility are now significantly below the historical average of 61.6 orders per quarter. Q1 2023's 102 total orders remains the record high quarter for this legal authority. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders. Recent strong performance in admissions timeliness may be a significant contributing factor to the reduced use of this legal authority.

Post-pandemic, OFMHS and its partners have adjusted to the continuously changing environment in which to safely serve our clients. Pent up referral demand in cases that were delayed by prosecutors, pandemic-related court closures, and other court-related protocol during the height of early pandemic closures and lockdowns have worked through the criminal courts with significant impacts to the behavioral health system. Ending with Q2 2024, there were four consecutive quarters of significant and sustained reduction in PR inpatient competency restoration orders, which suggests that the pandemic backlog of court orders has likely completed its initial work through the system.

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Table 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter

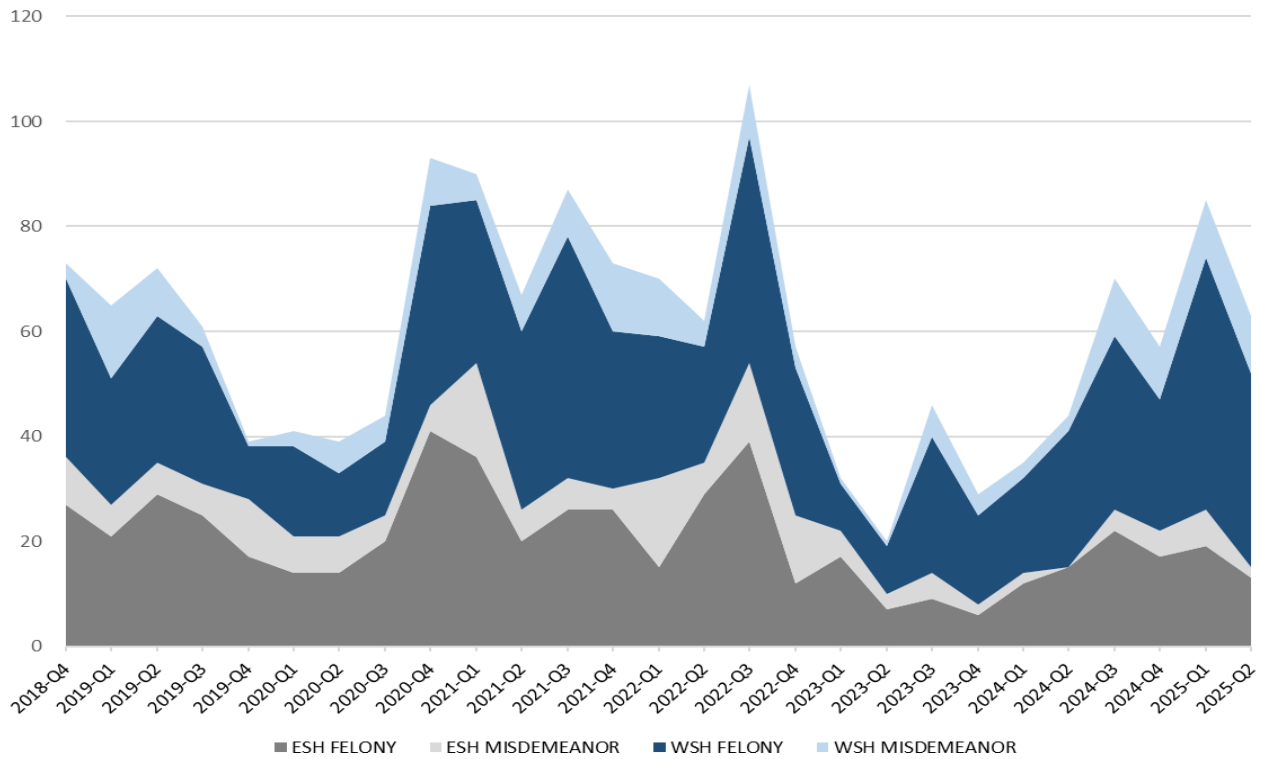
| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 61 | 12 | 73 | 27 | 9 | 36 | 34 | 3 | 37 |
| 2019-Q1 | 45 | 20 | 65 | 21 | 6 | 27 | 24 | 14 | 38 |
| 2019-Q2 | 57 | 15 | 72 | 29 | 6 | 35 | 28 | 9 | 37 |
| 2019-Q3 | 51 | 10 | 61 | 25 | 6 | 31 | 26 | 4 | 30 |
| 2019-Q4 | 27 | 12 | 39 | 17 | 11 | 28 | 10 | 1 | 11 |
| 2020-Q1 | 31 | 10 | 41 | 14 | 7 | 21 | 17 | 3 | 20 |
| 2020-Q2 | 26 | 13 | 39 | 14 | 7 | 21 | 12 | 6 | 18 |
| 2020-Q3 | 34 | 10 | 44 | 20 | 5 | 25 | 14 | 5 | 19 |
| 2020-Q4 | 79 | 14 | 93 | 41 | 5 | 46 | 38 | 9 | 47 |
| 2021-Q1 | 67 | 23 | 90 | 36 | 18 | 54 | 31 | 5 | 36 |
| 2021-Q2 | 54 | 13 | 67 | 20 | 6 | 26 | 34 | 7 | 41 |
| 2021-Q3 | 72 | 15 | 87 | 26 | 6 | 32 | 46 | 9 | 55 |
| 2021-Q4 | 56 | 17 | 73 | 26 | 4 | 30 | 30 | 13 | 43 |
| 2022-Q1 | 42 | 28 | 70 | 15 | 17 | 32 | 27 | 11 | 38 |
| 2022-Q2 | 51 | 11 | 62 | 29 | 6 | 35 | 22 | 5 | 27 |
| 2022-Q3 | 82 | 25 | 107 | 39 | 15 | 54 | 43 | 10 | 53 |
| 2022-Q4 | 40 | 17 | 57 | 12 | 13 | 25 | 28 | 4 | 32 |
| 2023-Q1 | 26 | 6 | 32 | 17 | 5 | 22 | 9 | 1 | 10 |
| 2023-Q2 | 16 | 4 | 20 | 7 | 3 | 10 | 9 | 1 | 10 |
| 2023-Q3 | 35 | 11 | 46 | 9 | 5 | 14 | 26 | 6 | 32 |
| 2023-Q4 | 23 | 6 | 29 | 6 | 2 | 8 | 17 | 4 | 21 |
| 2024-Q1 | 30 | 5 | 35 | 12 | 2 | 14 | 18 | 3 | 21 |
| 2024-Q2 | 41 | 3 | 44 | 15 | 0 | 15 | 26 | 3 | 29 |
| 2024-Q3 | 55 | 15 | 70 | 22 | 4 | 26 | 33 | 11 | 44 |
| 2024-Q4 | 42 | 15 | 57 | 17 | 5 | 22 | 25 | 10 | 35 |
| 2025-Q1 | 67 | 18 | 85 | 19 | 7 | 26 | 48 | 11 | 59 |
| 2025-Q2 | 50 | 13 | 63 | 13 | 2 | 15 | 37 | 11 | 48 |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

Figure 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 10a above describes the total number of felony and misdemeanor inpatient competency evaluation orders for people waiting for services in-jail, and Figure 10a provides a visual representation of the same data.

Outcomes: In Q2 2025, new inpatient evaluation orders decreased significantly from 85 to 63 orders, which is a 25.9 percent decrease. This decrease follows typical seasonal patterns between Q1 to Q2. Increases between Q1 and Q2 have only occurred in 2019 and 2024.

Drivers: Over the long run, inpatient evaluation orders have declined overall, especially as a percentage of total evaluation services, punctuated by periodic fluctuations in demand. Fluctuations in demand for inpatient evaluations generally have a direct relationship to wait times for out-of-jail evaluations for clients who are released from jail on personal recognizance. When the wait time for non-Trueblood class member PR evaluations increases, more clients are court ordered to inpatient evaluations as many of our legal partners believe this is the fastest way to obtain competency restoration services for their clients. With long PR wait lists, wait times, and near record levels of orders for many competency services, Q3 2022's significant increase in orders for inpatient competency evaluations was not unexpected followed by a return to more

normal order levels within a few quarters. Additionally, beginning in Q1 2023, an executive-level admissions team has been actively managing the extremely tight inpatient bed supply at our state hospitals and BHTCs. As part of that process, OFMHS has been contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. This approach has been successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed. With the increase in beds, the on-going use of outpatient competency restoration, use of diversion, and managing bed throughput, the facilities continue to admit within seven days. However, Q2 2025's order total of 63 is slightly higher than the 6.75-year average of 60.0 per quarter.

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Table 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING
IN THE COMMUNITY (2) for services, by quarter

| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 2 | 1 | 3 | 1 | 0 | 1 | 1 | 1 | 2 |
| 2019-Q1 | 2 | 6 | 8 | 2 | 2 | 4 | 0 | 4 | 4 |
| 2019-Q2 | 3 | 1 | 4 | 2 | 0 | 2 | 1 | 1 | 2 |
| 2019-Q3 | 5 | 4 | 9 | 3 | 2 | 5 | 2 | 2 | 4 |
| 2019-Q4 | 3 | 1 | 4 | 2 | 1 | 3 | 1 | 0 | 1 |
| 2020-Q1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 |
| 2020-Q2 | 2 | 1 | 3 | 2 | 0 | 2 | 0 | 1 | 1 |
| 2020-Q3 | 2 | 4 | 6 | 1 | 3 | 4 | 1 | 1 | 2 |
| 2020-Q4 | 9 | 4 | 13 | 9 | 2 | 11 | 0 | 2 | 2 |
| 2021-Q1 | 8 | 10 | 18 | 4 | 4 | 8 | 4 | 6 | 10 |
| 2021-Q2 | 2 | 6 | 8 | 1 | 3 | 4 | 1 | 3 | 4 |
| 2021-Q3 | 5 | 3 | 8 | 2 | 1 | 3 | 3 | 2 | 5 |
| 2021-Q4 | 2 | 1 | 3 | 0 | 1 | 1 | 2 | 0 | 2 |
| 2022-Q1 | 3 | 6 | 9 | 1 | 2 | 3 | 2 | 4 | 6 |
| 2022-Q2 | 2 | 1 | 3 | 0 | 1 | 1 | 2 | 0 | 2 |
| 2022-Q3 | 1 | 3 | 4 | 1 | 1 | 2 | 0 | 2 | 2 |
| 2022-Q4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023-Q1 | 5 | 4 | 9 | 1 | 3 | 4 | 4 | 1 | 5 |
| 2023-Q2 | 5 | 2 | 7 | 3 | 2 | 5 | 2 | 0 | 2 |
| 2023-Q3 | 1 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 2 |
| 2023-Q4 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |
| 2024-Q1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2024-Q2 | 1 | 1 | 2 | 0 | 1 | 1 | 1 | 0 | 1 |
| 2024-Q3 | 3 | 1 | 4 | 1 | 0 | 1 | 2 | 1 | 3 |
| 2024-Q4 | 3 | 0 | 3 | 2 | 0 | 2 | 1 | 0 | 1 |
| 2025-Q1 | 3 | 1 | 4 | 1 | 1 | 2 | 2 | 0 | 2 |
| 2025-Q2 | 2 | 6 | 8 | 0 | 4 | 4 | 2 | 2 | 4 |

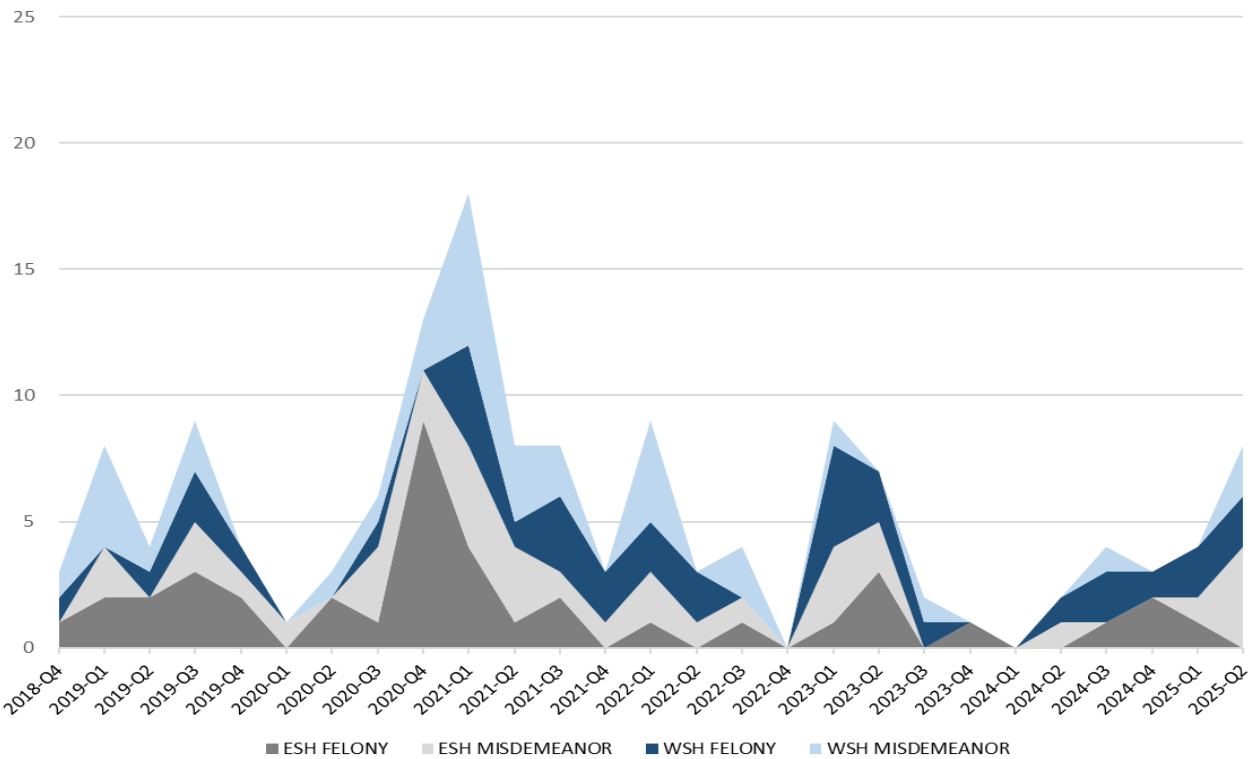
DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=126), or while in prison (n=3).

Figure 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 10b above shows the total number of felony and misdemeanor inpatient competency evaluation orders for people waiting for services in the community, and Figure 10b provides a visual representation of the same data.

Outcomes: New Q2 2025 orders statewide increased from four in Q1 2025 to eight this quarter.

Drivers: Generally, if a client’s competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate and then receive an inpatient evaluation order. While the number of these cases rarely exceeds 7-10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department’s evaluation services caseload. The department engages court partners when inpatient competency evaluation orders are received to explain current wait times for inpatient services and recommend the completion of the evaluation in jail.

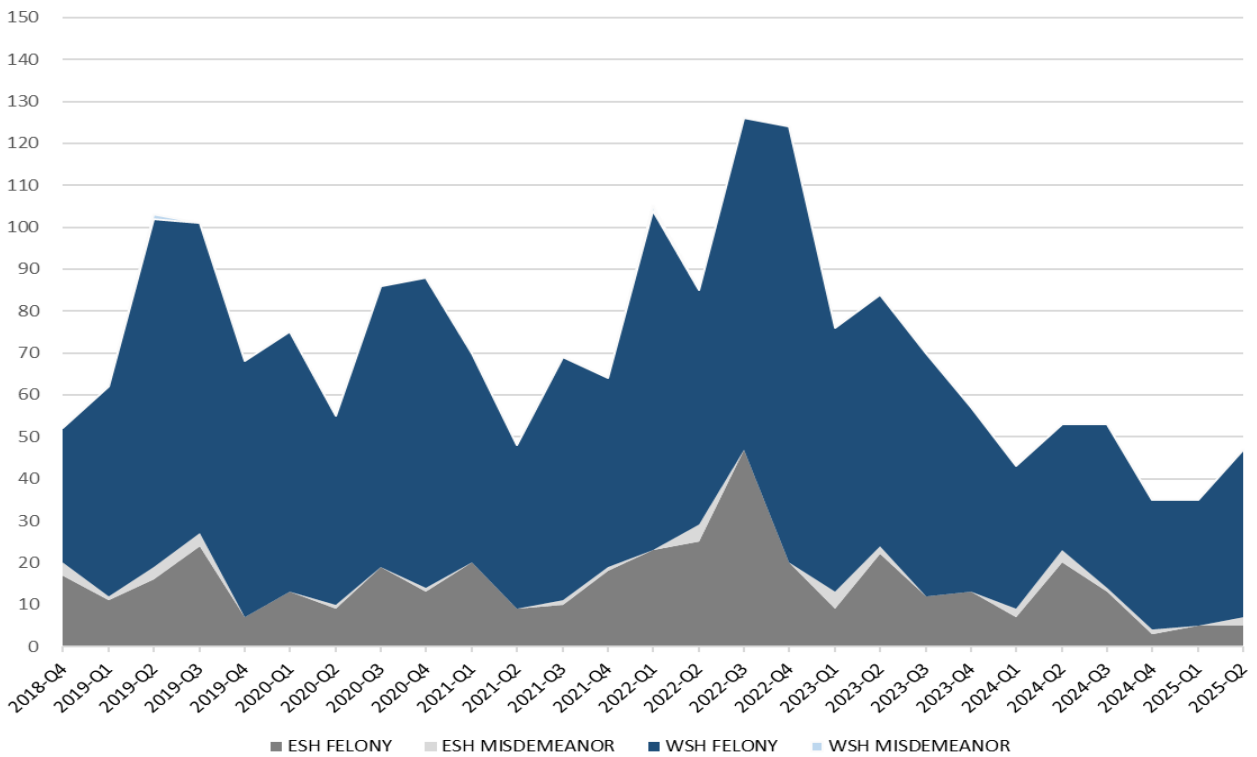
5664 QUARTERLY REPORTING

Table 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter

| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 49 | 3 | 52 | 17 | 3 | 20 | 32 | 0 | 32 |
| 2019-Q1 | 61 | 1 | 62 | 11 | 1 | 12 | 50 | 0 | 50 |
| 2019-Q2 | 99 | 4 | 103 | 16 | 3 | 19 | 83 | 1 | 84 |
| 2019-Q3 | 98 | 3 | 101 | 24 | 3 | 27 | 74 | 0 | 74 |
| 2019-Q4 | 68 | 0 | 68 | 7 | 0 | 7 | 61 | 0 | 61 |
| 2020-Q1 | 75 | 0 | 75 | 13 | 0 | 13 | 62 | 0 | 62 |
| 2020-Q2 | 54 | 1 | 55 | 9 | 1 | 10 | 45 | 0 | 45 |
| 2020-Q3 | 86 | 0 | 86 | 19 | 0 | 19 | 67 | 0 | 67 |
| 2020-Q4 | 87 | 1 | 88 | 13 | 1 | 14 | 74 | 0 | 74 |
| 2021-Q1 | 70 | 0 | 70 | 20 | 0 | 20 | 50 | 0 | 50 |
| 2021-Q2 | 48 | 0 | 48 | 9 | 0 | 9 | 39 | 0 | 39 |
| 2021-Q3 | 68 | 1 | 69 | 10 | 1 | 11 | 58 | 0 | 58 |
| 2021-Q4 | 63 | 1 | 64 | 18 | 1 | 19 | 45 | 0 | 45 |
| 2022-Q1 | 104 | 1 | 105 | 23 | 0 | 23 | 81 | 1 | 82 |
| 2022-Q2 | 81 | 4 | 85 | 25 | 4 | 29 | 56 | 0 | 56 |
| 2022-Q3 | 126 | 0 | 126 | 47 | 0 | 47 | 79 | 0 | 79 |
| 2022-Q4 | 124 | 0 | 124 | 20 | 0 | 20 | 104 | 0 | 104 |
| 2023-Q1 | 72 | 4 | 76 | 9 | 4 | 13 | 63 | 0 | 63 |
| 2023-Q2 | 82 | 2 | 84 | 22 | 2 | 24 | 60 | 0 | 60 |
| 2023-Q3 | 70 | 0 | 70 | 12 | 0 | 12 | 58 | 0 | 58 |
| 2023-Q4 | 57 | 0 | 57 | 13 | 0 | 13 | 44 | 0 | 44 |
| 2024-Q1 | 41 | 2 | 43 | 7 | 2 | 9 | 34 | 0 | 34 |
| 2024-Q2 | 50 | 3 | 53 | 20 | 3 | 23 | 30 | 0 | 30 |
| 2024-Q3 | 52 | 1 | 53 | 13 | 1 | 14 | 39 | 0 | 39 |
| 2024-Q4 | 34 | 1 | 35 | 3 | 1 | 4 | 31 | 0 | 31 |
| 2025-Q1 | 35 | 0 | 35 | 5 | 0 | 5 | 30 | 0 | 30 |
| 2025-Q2 | 45 | 2 | 47 | 5 | 2 | 7 | 40 | 0 | 40 |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Figure 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 11a above shows the total number of felony and misdemeanor civil conversion orders for people waiting for services in-jail, and Figure 11a provides a visual representation of the same data.

Outcomes: During Q2 2025, statewide civil conversion orders increased significantly from 35 to 47. Felony civil conversion orders increased significantly (28.6%) to 45, and misdemeanor orders increased from zero to two. Over the last 6.75 years, misdemeanor civil conversion orders have only averaged 1.3 per quarter indicating that felony civil conversions comprise most of these orders.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained

at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. During periods of lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Historically, civil conversion clients, if found incompetent, get admitted ahead of forensic patients and due to capacity constraints at the state hospitals have increasingly used forensic-designated beds. Civil patients, on average remain in those beds longer, frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner. New beds that came online in Q2 and Q4 2023 as well as in Q1 and Q3 2024 have already brought much needed assistance to this issue. Thirty-two new civil beds are expected to come online by the end of 2025.

During Q2 2023, a significant increase in inpatient civil conversion orders was observed following a substantial drop in orders between Q4 2022 and Q1 2023. Several factors likely contributed to this including a post-winter seasonal increase in competency evaluation and restoration orders leading to an increase in non-restorable clients; and a small rebound effect following the declaration of a state hospital admissions crisis in December 2022, by BHHA Assistant Secretary, Kevin Bovenkamp, that led to immediate systemwide admissions reforms. These reforms allowed more Trueblood Class Members to gain admissions to the state hospital's forensic beds while fewer civil conversion orders resulted in admission. From Q3 2023 through Q1 2024, orders continued decreasing again indicating that the Q2 2023 rebound in civil conversion orders was likely seasonal. Again, in Q2 2024 a similar significant increase in demand may be a seasonal change showing the relationship between competency orders and civil conversions. After Q2 2024's increase in civil conversion orders, Q3 maintained the increase before orders dropped off in Q4 2024 and increased again in Q2 2025. When competency orders slow seasonally, or for any other reasons, civil orders, consisting typically of a subset of overall competency orders also slow.

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Table 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter

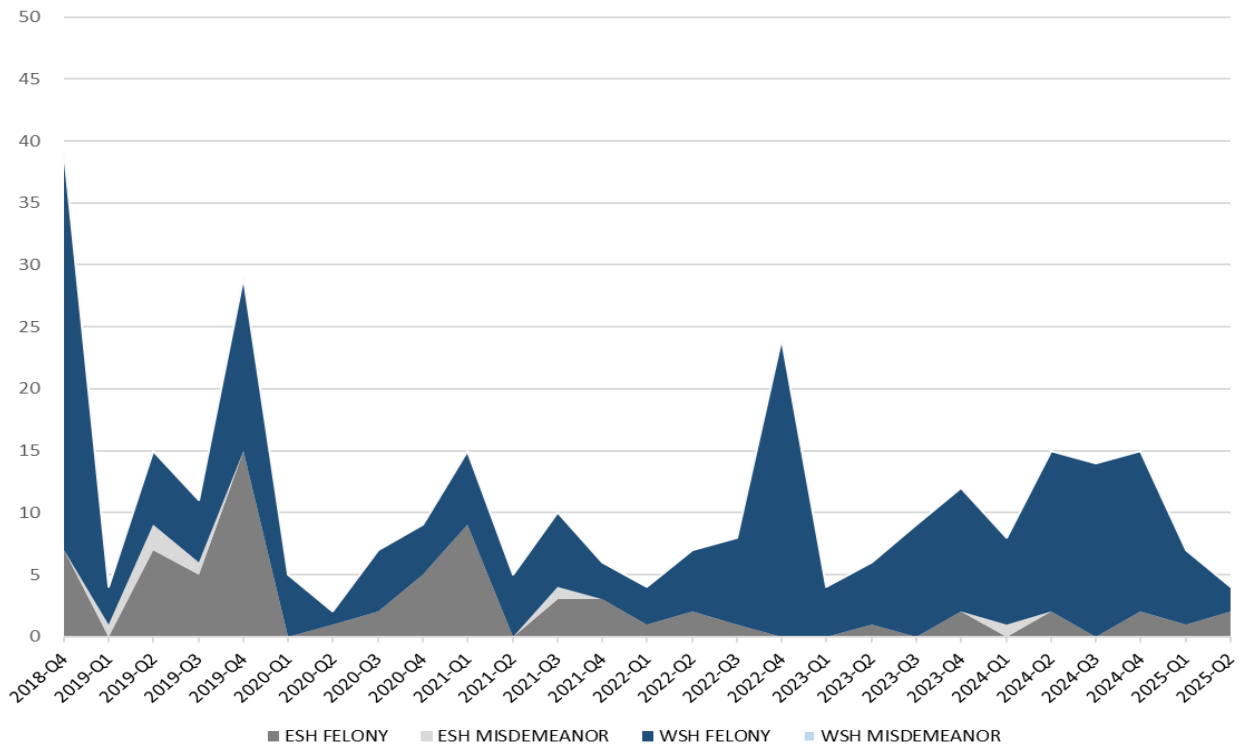
| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 39 | 0 | 39 | 7 | 0 | 7 | 32 | 0 | 32 |
| 2019-Q1 | 3 | 1 | 4 | 0 | 1 | 1 | 3 | 0 | 3 |
| 2019-Q2 | 13 | 2 | 15 | 7 | 2 | 9 | 6 | 0 | 6 |
| 2019-Q3 | 10 | 1 | 11 | 5 | 1 | 6 | 5 | 0 | 5 |
| 2019-Q4 | 29 | 0 | 29 | 15 | 0 | 15 | 14 | 0 | 14 |
| 2020-Q1 | 5 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 5 |
| 2020-Q2 | 2 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 1 |
| 2020-Q3 | 7 | 0 | 7 | 2 | 0 | 2 | 5 | 0 | 5 |
| 2020-Q4 | 9 | 0 | 9 | 5 | 0 | 5 | 4 | 0 | 4 |
| 2021-Q1 | 15 | 0 | 15 | 9 | 0 | 9 | 6 | 0 | 6 |
| 2021-Q2 | 5 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 5 |
| 2021-Q3 | 9 | 1 | 10 | 3 | 1 | 4 | 6 | 0 | 6 |
| 2021-Q4 | 6 | 0 | 6 | 3 | 0 | 3 | 3 | 0 | 3 |
| 2022-Q1 | 4 | 0 | 4 | 1 | 0 | 1 | 3 | 0 | 3 |
| 2022-Q2 | 7 | 0 | 7 | 2 | 0 | 2 | 5 | 0 | 5 |
| 2022-Q3 | 8 | 0 | 8 | 1 | 0 | 1 | 7 | 0 | 7 |
| 2022-Q4 | 24 | 0 | 24 | 0 | 0 | 0 | 24 | 0 | 24 |
| 2023-Q1 | 4 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | 4 |
| 2023-Q2 | 6 | 0 | 6 | 1 | 0 | 1 | 5 | 0 | 5 |
| 2023-Q3 | 9 | 0 | 9 | 0 | 0 | 0 | 9 | 0 | 9 |
| 2023-Q4 | 12 | 0 | 12 | 2 | 0 | 2 | 10 | 0 | 10 |
| 2024-Q1 | 7 | 1 | 8 | 0 | 1 | 1 | 7 | 0 | 7 |
| 2024-Q2 | 15 | 0 | 15 | 2 | 0 | 2 | 13 | 0 | 13 |
| 2024-Q3 | 14 | 0 | 14 | 0 | 0 | 0 | 14 | 0 | 14 |
| 2024-Q4 | 15 | 0 | 15 | 2 | 0 | 2 | 13 | 0 | 13 |
| 2025-Q1 | 7 | 0 | 7 | 1 | 0 | 1 | 6 | 0 | 6 |
| 2025-Q2 | 4 | 0 | 4 | 2 | 0 | 2 | 2 | 0 | 2 |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes:

(1) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=1,730, or while in prison (n=10).

Figure 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 11b above shows the total number of felony and misdemeanor civil conversion orders for people waiting for services in the community, and Figure 11b provides a visual representation of the same data.

Outcomes: During the Q2 2025 reporting period, statewide felony in the community civil conversion orders decreased from seven to four. Misdemeanor orders remained at zero in this reporting period. Over the last 6.75 years, misdemeanor civil conversion orders have only averaged 0.2 per quarter indicating that felony civil conversions comprise most of these orders.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

During periods of lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Historically, civil conversion clients, if found incompetent, get admitted ahead of forensic patients and due to capacity constraints at the state hospitals have increasingly used forensic-designated beds. Civil patients, on average remain in those beds longer, frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner. New beds that came online in Q2 and Q4 2023 as well as in Q1 and Q3 2024 have already brought much needed assistance to this issue. Thirty-two new civil beds are expected to come online throughout 2025.

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Table 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter

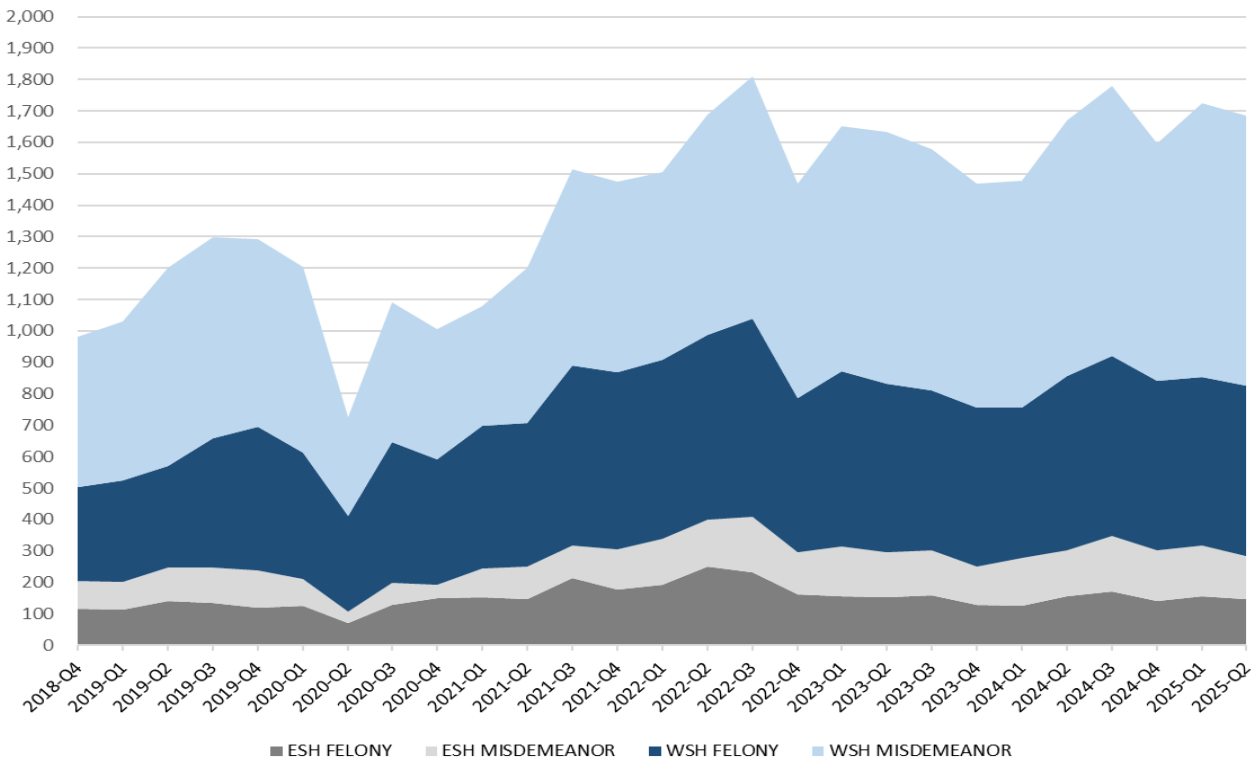
| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|-------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 416 | 566 | 982 | 116 | 87 | 203 | 300 | 479 | 779 |
| 2019-Q1 | 435 | 596 | 1,031 | 113 | 88 | 201 | 322 | 508 | 830 |
| 2019-Q2 | 463 | 739 | 1,202 | 140 | 108 | 248 | 323 | 631 | 954 |
| 2019-Q3 | 545 | 753 | 1,298 | 135 | 113 | 248 | 410 | 640 | 1,050 |
| 2019-Q4 | 575 | 717 | 1,292 | 118 | 121 | 239 | 457 | 596 | 1,053 |
| 2020-Q1 | 530 | 674 | 1,204 | 125 | 84 | 209 | 405 | 590 | 995 |
| 2020-Q2 | 376 | 348 | 724 | 70 | 37 | 107 | 306 | 311 | 617 |
| 2020-Q3 | 574 | 518 | 1,092 | 127 | 72 | 199 | 447 | 446 | 893 |
| 2020-Q4 | 547 | 458 | 1,005 | 148 | 44 | 192 | 399 | 414 | 813 |
| 2021-Q1 | 607 | 471 | 1,078 | 152 | 91 | 243 | 455 | 380 | 835 |
| 2021-Q2 | 605 | 597 | 1,202 | 147 | 103 | 250 | 458 | 494 | 952 |
| 2021-Q3 | 787 | 726 | 1,513 | 214 | 102 | 316 | 573 | 624 | 1,197 |
| 2021-Q4 | 742 | 733 | 1,475 | 178 | 127 | 305 | 564 | 606 | 1,170 |
| 2022-Q1 | 763 | 742 | 1,505 | 192 | 146 | 338 | 571 | 596 | 1,167 |
| 2022-Q2 | 838 | 849 | 1,687 | 251 | 148 | 399 | 587 | 701 | 1,288 |
| 2022-Q3 | 864 | 946 | 1,810 | 232 | 175 | 407 | 632 | 771 | 1,403 |
| 2022-Q4 | 652 | 818 | 1,470 | 163 | 133 | 296 | 489 | 685 | 1,174 |
| 2023-Q1 | 716 | 935 | 1,651 | 157 | 156 | 313 | 559 | 779 | 1,338 |
| 2023-Q2 | 689 | 944 | 1,633 | 153 | 144 | 297 | 536 | 800 | 1,336 |
| 2023-Q3 | 667 | 910 | 1,577 | 159 | 143 | 302 | 508 | 767 | 1,275 |
| 2023-Q4 | 636 | 832 | 1,468 | 129 | 120 | 249 | 507 | 712 | 1,219 |
| 2024-Q1 | 604 | 875 | 1,479 | 124 | 152 | 276 | 480 | 723 | 1,203 |
| 2024-Q2 | 712 | 958 | 1,670 | 157 | 145 | 302 | 555 | 813 | 1,368 |
| 2024-Q3 | 745 | 1,034 | 1,779 | 172 | 176 | 348 | 573 | 858 | 1,431 |
| 2024-Q4 | 676 | 920 | 1,596 | 139 | 164 | 303 | 537 | 756 | 1,293 |
| 2025-Q1 | 691 | 1,035 | 1,726 | 157 | 161 | 318 | 534 | 874 | 1,408 |
| 2025-Q2 | 689 | 997 | 1,686 | 146 | 137 | 283 | 543 | 860 | 1,403 |

DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Note:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

Figure 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 12a above displays the total number of felony and misdemeanor outpatient competency evaluation orders for people waiting for services in-jail, and Figure 12a provides a visual representation of the same data.

Outcomes: During the Q2 2025 reporting period, statewide orders decreased slightly, from 1,726 to 1,686 (-2.3%). At ESH, demand for jail-based evaluations decreased moderately from 318 to 283 orders (-11.0%). At WSH, demand for jail-based evaluations decreased slightly, from 1,408 to 1,403 orders (-0.4%) in Q2 2025.

Drivers: Societal trends suggest a growing population of people who could benefit from mental health services, and increasing demand is adding strain to our systems. The COVID-19 pandemic in 2020 led to a year-long decrease in demand shown in Table 12a and Figure 12a. Jail-based evaluations demand has not only recovered, but since Q3 2021, when quarterly demand levels first eclipsed those of Q3 2019, quarterly demand now substantially exceeds the Q3 2019 pre-COVID-19 peak demand every quarter. 2024’s order total of 6,524 set a new annual record for evaluations orders. Q1 and Q2 2025 also remained above typical demand, with Q2 2025’s order total (1,686) only one fewer than the Q2 record holder of 1,687 held by Q2 2022.

An additional, but significant factor in the growth of evaluation demand over the last 6.75 years has been the sustained upward growth trajectory in misdemeanor evaluations demand. In 2019, prior to the pandemic, ESH completed 430 misdemeanor evaluations, and WSH completed 2,375, for a statewide total of 2,805 misdemeanor evaluations. By 2024 misdemeanor evaluations at ESH increased to a new record of 636, a 47.9 percent increase from 2019. At WSH, misdemeanor orders grew significantly over time, and by 2024 saw a new record of 3,150 orders, a significant increase of 32.6 percent from 2019. Total statewide misdemeanor evaluations grew over the same 2019-2024 time period from 2,805 to 3,786 for a significant statewide increase of 35.0 percent. Q1 2025 set a new record and surpassed Q3 2024 with 1,035 misdemeanor orders, and Q2 2025 only decreased slightly with 997 orders.

Thanks to continued legislative investment and the Trueblood Contempt Settlement Agreement, OFMHS' continues to invest in expanded capacity to provide competency services and has added significant human resources and capital resources over the course of several budget biennia. Over time, improved efficiency in providing consumers with a highly valued forensic service has itself appeared to increase the demand for that service, and improvements in capacity have often been quickly outstripped by increases in services demand. OFMHS continues to drive process and efficiency improvements **"without sacrificing the accuracy and quality of competency services"** RCW 10.77.068(3), and OFMHS also continues to **"request appropriations for resources in order to meet these targets whenever possible"** RCW 10.77.068(3). These improvements in quality and efficiency have increasingly begun to yield positive results in OFMHS' timeliness metrics.

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**Table 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING
IN THE COMMUNITY (2) for services, by quarter**

| CALENDAR YEAR-QTR | STATE | | | ESH | | | WSH | | |
|----------------------|--------|-------------|-------|--------|-------------|-------|--------|-------------|-------|
| | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL | FELONY | MISDEMEANOR | TOTAL |
| 2018-Q4 | 92 | 277 | 369 | 39 | 72 | 111 | 53 | 205 | 258 |
| 2019-Q1 | 107 | 247 | 354 | 49 | 65 | 114 | 58 | 182 | 240 |
| 2019-Q2 | 119 | 307 | 426 | 47 | 87 | 134 | 72 | 220 | 292 |
| 2019-Q3 | 114 | 329 | 443 | 36 | 82 | 118 | 78 | 247 | 325 |
| 2019-Q4 | 111 | 286 | 397 | 36 | 61 | 97 | 75 | 225 | 300 |
| 2020-Q1 | 105 | 271 | 376 | 31 | 57 | 88 | 74 | 214 | 288 |
| 2020-Q2 | 68 | 100 | 168 | 23 | 26 | 49 | 45 | 74 | 119 |
| 2020-Q3 | 95 | 217 | 312 | 38 | 62 | 100 | 57 | 155 | 212 |
| 2020-Q4 | 101 | 249 | 350 | 32 | 58 | 90 | 69 | 191 | 260 |
| 2021-Q1 | 129 | 276 | 405 | 28 | 45 | 73 | 101 | 231 | 332 |
| 2021-Q2 | 139 | 360 | 499 | 41 | 73 | 114 | 98 | 287 | 385 |
| 2021-Q3 | 147 | 349 | 496 | 58 | 75 | 133 | 89 | 274 | 363 |
| 2021-Q4 | 131 | 344 | 475 | 35 | 86 | 121 | 96 | 258 | 354 |
| 2022-Q1 | 155 | 399 | 554 | 48 | 112 | 160 | 107 | 287 | 394 |
| 2022-Q2 | 141 | 382 | 523 | 42 | 81 | 123 | 99 | 301 | 400 |
| 2022-Q3 | 165 | 370 | 535 | 61 | 85 | 146 | 104 | 285 | 389 |
| 2022-Q4 | 124 | 350 | 474 | 42 | 79 | 121 | 82 | 271 | 353 |
| 2023-Q1 | 143 | 358 | 501 | 37 | 76 | 113 | 106 | 282 | 388 |
| 2023-Q2 | 130 | 412 | 542 | 28 | 88 | 116 | 102 | 324 | 426 |
| 2023-Q3 | 129 | 400 | 529 | 23 | 78 | 101 | 106 | 322 | 428 |
| 2023-Q4 | 116 | 338 | 454 | 24 | 65 | 89 | 92 | 273 | 365 |
| 2024-Q1 | 132 | 412 | 544 | 23 | 90 | 113 | 109 | 322 | 431 |
| 2024-Q2 | 157 | 436 | 593 | 34 | 81 | 115 | 123 | 355 | 478 |
| 2024-Q3 | 143 | 504 | 647 | 30 | 116 | 146 | 113 | 388 | 501 |
| 2024-Q4 | 130 | 434 | 564 | 40 | 102 | 142 | 90 | 332 | 422 |
| 2025-Q1 | 129 | 493 | 622 | 27 | 106 | 133 | 102 | 387 | 489 |
| 2025-Q2 | 131 | 514 | 645 | 39 | 85 | 124 | 92 | 429 | 521 |

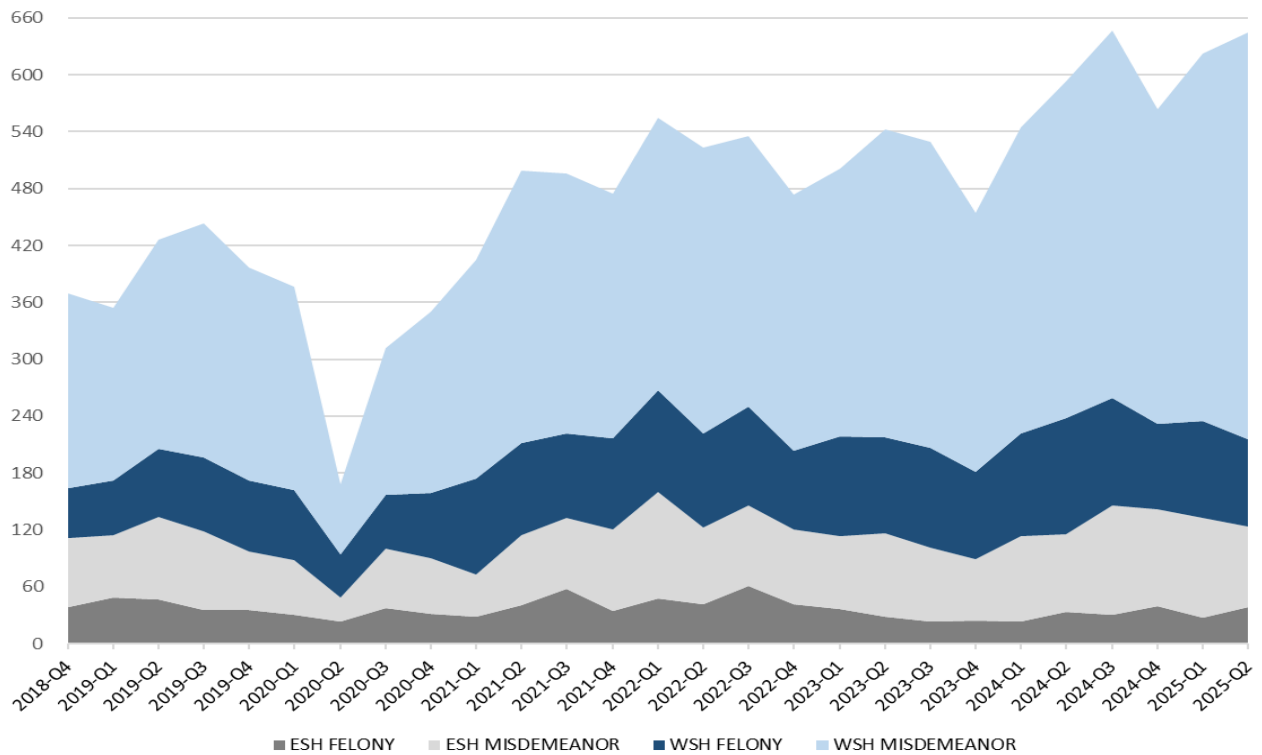
DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Data Notes:

(1) Excludes records for people with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for people with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=44), or while in prison (n=20).

Figure 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHHA - Forensic Data System; Date: 7/22/2025

Table 12b above shows the total number of felony and misdemeanor outpatient competency evaluation orders for people waiting for services in the community, and Figure 12b provides a visual representation of the same data.

Outcomes: In the Q2 2025 reporting period, clients waiting for evaluations in the community on personal recognizance increased slightly (3.7%) on a statewide basis. Orders increased from 622 to 645. Since Q2 2021, orders have grown at a relatively consistent basis when considering seasonal demand shifts. Q3 2024 was the first quarter to exceed 600 PR orders, and Q1 2025 was the second, and now Q2 2025 is the third to exceed 600 PR orders. Q2 2025 is only two orders short of the record set in Q3 2024.

In Q2 2025, PR order demand decreased in ESH’s service area and increased for WSH. ESH orders decreased moderately by 6.8 percent to 124, and WSH orders increased moderately by 6.5 percent to 521, setting a new quarterly record.

Drivers: With the Trueblood Contempt Settlement Agreement requiring that class member cases receive priority, PR cases often end up with longer wait times when the system becomes especially capacity constrained. An additional, but significant factor in the growth of evaluation demand over the last six years has been the sustained upward growth trajectory in misdemeanor PR evaluations demand. By 2021-2022, following COVID-19 pandemic emergency operations, misdemeanor evaluation court orders began to increase significantly as compared to 2019, the last full year prior to the systemwide disruptions caused by the pandemic.

Near the end of Q2 2023, the PR evaluation team was able to host two multi-county competency evaluation day events. The PR evaluation events allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. The team has completed more events like these as resources allow. These types of events have led to some positive progress in reducing the wait list and wait times for PR cases. However, staffing levels and wider systemic challenges in health care staffing remain persistent challenges impacting performance. See the "Actions Taken" section of this report for steps the department is engaged in seeking to improve our performance.

Actions Taken

OFMHS is responsible for the leadership and management of Washington's forensic mental health care system and is addressing the increasing demand for mental health services for adults and youth in the criminal court system. OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of forensic mental health services, data management and resource allocation, training and certification of evaluators, and quality monitoring and reporting. OFMHS collaborates with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal court system.

Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS. Four major goals for OFMHS during this period were (1) best-utilize current bed capacity and near-term bed increases; (2) gain efficiencies in evaluation delivery processes; (3) fund prosecutorial diversion programs; and (4) take action to address staffing challenges. Below are the key actions that occurred during this period to support system-wide improvement.

Best-Utilize Current Bed Capacity and Near-Term Bed Increases

Recent Bed Capacity Utilization Initiatives

Throughout calendar year 2025, BHHA expects to bring 32 new civil beds online at the Maple Lane campus. Since our last report, following Q4 2024, the biennial budget for 2025-2027 has been signed into law, which has resulted in significant updates to our bed opening projections.

In May 2024, during Q2, the Cascade Unit BHTC on Maple Lane's campus began its pre-scheduled ramp down per the Trueblood Settlement Agreement. As a result, 30 forensic competency restoration beds for Class Members were brought offline at Cascade Unit BHTC, and the final patient was transferred out on June 11, 2024. Those 30 BHTC beds at WSH were backfilled with Class Members, so there was no competency bed loss. Cascade Unit closed to Class Members permanently on June 28, 2024. Cascade received a quick face lift before re-opening its 30 beds to NGRI patients in early Q3 2024. NGRI patients quickly transitioned to Cascade during Q3, which freed up 30 beds for Trueblood Class Members between WSH and ESH.

In 2024, BHHA hired a bed allocation manager to develop and implement data-driven strategy around bed management and throughput in our facilities. An early success at WSH, during Q2 included bed reallocation between civil conversion and Trueblood Class Members. Too many high acuity civil patients, who could not successfully have roommates were occupying double-occupancy rooms. By reviewing data, it became clear that shifting civil conversion patients from double-occupancy rooms into single rooms freed up an additional 20 beds for civil patients. This allowed the department to better manage patient flow and hit record levels of on-time inpatient admissions.

Eighteen additional civil beds opened at OHBH in Q1 2024. This provides greater flexibility in moving additional civil patients from WSH to OHBH and in using freed up beds at WSH for forensic competency services. WSH opened an additional 30 competency restoration beds in January 2024, ESH opened eight competency restoration beds in January, and then shortly thereafter converted a former NGRI unit into a competency restoration unit. The net effect brought a total of 35 additional competency restoration beds online at ESH. Finally, in March 2024, Maple Lane Campus brought Columbia Unit online for 30 new NGRI beds. These new beds allowed patients to transfer from WSH and ESH freeing up 30 beds between the state hospitals for additional restoration services beds.

In Q4 2023, (see above) Olympic Heritage Behavioral Health, which was acquired in summer 2023, opened 54 beds for civil conversion patients, and 18 additional beds opened at OHBH during Q1 2024.

Beginning in Q1 2023, inpatient bed capacity was closely managed by an executive-level planning team charged with carefully matching the limited available bed openings to the types of patients waiting for admissions. The team was additionally charged with contacting client legal teams and court partners to complete inpatient evaluation orders while clients waited in jail, where feasible, instead of allowing clients to wait in jail for several months to be brought for an inpatient competency evaluation, which also occupies an inpatient bed. This capacity management initiative has shown success in increasing bed turnover and Trueblood Class Member throughput since its implementation in 2023.

Triage services have continued to identify people for whom expedited admissions may be appropriate. As of June 30, 2025, the Triage Consultation and Expedited Admissions program, has identified and accepted requests for 664 people for expedited admissions, out of a total of 1,084 individual referrals. Assisting some of the highest acuity clients to access competency services sooner may result in less decompensation and less use of services in the long run. Most importantly, it potentially allows our most vulnerable clients to access critical, person-centered services in a therapeutic setting.

Phase 3 of the Trueblood Settlement Agreement was implemented from July 1, 2023-June 30, 2025. Phase 3 implementation allowed HCA's OCRP and OFMHS' Forensic Navigator program to expand to two new regions inclusive of five counties. The legislature also funded additional navigator positions in the Phase 1 and 2 regions. Phase 3 Forensic Navigator staff began navigator-client engagement during Q2 2024. The navigator team was well received due to the ongoing communication established by early outreach in the area. In Q3 2024, new OCRP providers in the Thurston/Mason region became fully staffed and began accepting patients. The OCRP provider for the Salish region began accepting patients in early Q4. Initial OCRP enrollment in the Thurston/Mason and Salish regions has been encouraging.

The legislature agreed to fund a new Diversion Navigator program, which employs a team of navigators to support clients who have had engagement with the court and still need

additional advocacy. As RCW 10.77.072 notes, the diversion navigator's role will be to divert people who have received two competency evaluations in the last 24 months where cases have been dismissed. Since these people are in custody for a new charge, the program seeks to engage with these clients before they receive another referral into the forensic competency system. The diversion navigator's goal is to connect with each client to complete the recommended diversion plan and provide the completed plan to all court parties.

Near-Term Projects to Expand Bed Capacity

During calendar year 2025, the following beds are expected to open to patients:

1. The Maple Lane Campus' Baker Unit is expected to open in late 2025. Baker Unit will add 32 beds for civil patients.
2. Vancouver's Brockmann campus completed construction and is now warm closed. The 2025-2027 budget does not include funding to operate Brockmann's 48 civil beds.

During calendar year 2024, the following beds opened to patients:

1. In January 2024, ESH added eight competency restoration beds, and then shortly thereafter converted a unit of beds previously used for NGRI patients into competency restoration beds. The net effect of these two actions created 35 additional beds available for competency restoration services at ESH.
2. At WSH, 30 additional competency restoration beds were brought online in January 2024.
3. Olympic Heritage Behavioral Health in Tukwila opened 18 additional civil beds in January. This has allowed more civil patients to transfer from WSH to OHBH. OHBH now has 72 civil beds in operation.
4. The 30-bed remodel of Columbia Unit at the Maple Lane Campus as a facility for NGRI patients from WSH. After delays from 2023, the facility opened in March 2024. Opening this unit to NGRI patients allowed 30 NGRI patients to transfer from WSH and ESH, creating more opportunities to use beds at the state hospitals for competency restoration services.
5. HCA has increased community-based civic conversion bed capacity by amending existing Long-Term Civil Commitment contracts. Eighty-six beds across the state are available for civil conversion patients.
6. HCA secured a Decision Package that increases the LTCC reimbursement rate from \$940 to \$1,250 daily.
7. On June 28, 2024, Maple Lane Campus' – Cascade Unit closed its 30-bed forensic BHTC to as agreed to in the Trueblood Settlement of Contempt Agreement. However, shortly after the closure, DSHS re-opened Cascade Unit as a 30-bed facility for NGRI patients. This has allowed WSH and ESH to absorb the loss of forensic beds when Cascade Unit closed as a forensic BHTC.

Gain Efficiencies in Evaluation Delivery Process

Since 2015, the number of forensic evaluator positions funded by the legislature has tripled from 31 to 96 FTE. The department continues to examine evaluator and support staff levels to determine optimal staffing to support legislative requirements outlined in RCW 10.77.068 and implementation of the Trueblood Contempt Settlement Agreement. The enacted 2023-2025 biennial budget funded additional forensic evaluators and related support staff. This allowed the department access to substantial new staffing resources to better serve Trueblood Class Members.

Additional ongoing efforts have continued around workforce development. Specifically, staff evaluators are provided training, with national experts in the field of competency evaluations, as a part of ongoing efforts to create and maintain the most highly trained and efficient staffing possible.

Telehealth usage for evaluations accelerated during the COVID-19 pandemic. Subsequently, telehealth usage continues to increase year-over-year. Critically, fewer hours on the road for evaluators, especially in rural areas, allows for greater efficiency and safety for staff.

Q2 2025's 465.7 trailing twelve month first-look data on average completed telehealth evaluations per month is significantly higher (51.3%), as compared to Q2 2024's more mature data. Q2 2024's completed telehealth evaluations per month on average is 307.8. Telehealth data matures slowly, and so an initial significant increase in telehealth evaluations, as occurred in Q2 2025, may belie a much larger increase that will become more visible as the data matures over the next one-to-two quarters.

Defense attorneys and clients continued to use the system with few rejections. The overall refusal rate increased significantly to 1.3 percent of attempts over the last 12 months (from 1.1%). The number of client refusals decreased significantly from 39 to 34, which comprises 47.9 percent of the total refusals. Client's attorneys still refused most of the telehealth evaluations. Telehealth systems' reach across the state has continued to grow. Telehealth systems have been used for evaluations at five Tribal corrections facilities; 13 city/regional jail locations; in 33 different counties with 35 total locations; at five OCRP programs; and in five DSHS inpatient facilities (including the Yakima RTF that closed on July 26, 2021, and the Cascade Unit BHTC that closed on June 28, 2024). The OFMHS Telehealth committee provides IT and ongoing site support for existing telehealth sites and works to identify and evaluate new sites to begin offering telehealth services.

Beginning in Q4 2022, ERO began to dramatically improve its on time completion rate of evaluations. In Q4 2024, this led to ERO completing 100 percent of evaluations on time, with average days waiting at 11.2. 2025 has continued ERO's strong run of performance. Evaluations were completed on time at 100 percent in 11.1 days on average. For the last six quarters, ERO has completed evaluations below the 14.0 days/average standard (range = 10.2 - 12.8 days on average), and for the last five quarters ERO has completed evaluations on-time at 99 percent or higher (range = 99.7%-100%).

Funded Legal Diversion Programs

The community liaison and diversion specialist continues OFMHS' efforts in reducing demand for beds by working with community stakeholders to find and use available resources outside the criminal court system that will meet the needs of this population while fulfilling OFMHS' requirements under Trueblood. OFMHS community liaison and diversion specialist manages the contracts for three prosecutorial diversion programs and provides ongoing technical assistance to the programs to assist them in meeting enrollment goals and overcoming other challenges.

The program in King County is a prosecutorial diversion program, which as of July 2024 is jointly funded by its third one-year contract with HCA and a contract with OFMHS. This program allows a prosecutor to use their discretion to dismiss a non-serious charge without prejudice if the issue of competency is raised. The intent of this program is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization into needed behavioral health treatment. In addition to this prosecutorial diversion program in King County, DSHS also contracts for the same services in two other locations: Spokane County and Benton/Franklin Counties (the contractor is Lourdes).

OFMHS' community liaison and diversion specialist works with each program to reduce barriers to success. For FY'24, DSHS contracted diversion programs enrolled 193 enrolled clients. Total FY'24 enrollment exceeded goals by 3.8 percent.

For Q1 FY'25 (Q3 2024), the DSHS contracted diversion program's enrollment began the fiscal year moderately below the full year enrollment goal. The three programs combined enrolled 45 clients, which is 6.7 percent below the quarterly enrollment goal of 48-49 clients. The full year enrollment goal for FY'25 is 195 clients. For Q2 FY'25 (Q4 2024), DSHS-contracted diversion programs' enrollment remained flat, decreasing slightly to 44 clients. With total enrollment of 89 clients through the first two quarters of FY'25, enrollment is 7.9 percent below the enrollment needed to be on track to meet the annual enrollment goal. In Q3 FY'25 (Q1 2025), enrollment over the prior two quarters increased significantly. Sixty-six clients enrolled in Q3 FY'25. After three quarters in FY'25, a total of 155 clients have enrolled, which eliminated the annual enrollment gap. Finally, for Q4 FY'25 (Q2 2025), DSHS-contracted diversion programs enrolled only 34 people for an FY'25 enrollment total of 189. This resulted in missing the enrollment goal by 3.1 percent and six people.

The twelve diversion programs that had previously been funded through federal court contempt fines from the Trueblood decision had fine funding withdrawn for FY'23. The federal court informed the programs to locate more sustainable sources of funding. Five of the programs found other sources of funding or closed, and seven of the programs received a one-year bridge appropriation from the Legislature in FY'23. Six of the programs listed below have continued receiving appropriations; however, FY'26 funding was reduced by 10 percent as part of state budget cuts. HCA manages the contracts and technical assistance to these diversion programs.

- Frontier Behavioral Health (Spokane)
 - Co-responder / Designated Crisis Responder services
 - Total contract amount: \$647,341
 - Frontier’s Co-responder program provides mental health co-responder services to the Spokane City Police Department and coordinates with the Spokane County Jail and Community Court to increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program also provides in-reach services, certified peer counseling, and connection to additional behavioral health providers.

- Comprehensive Healthcare (Yakima)
 - Collaborative Diversion program and Intensive Community Support programs
 - Total contract amount: \$1,451,195
 - Comprehensive’s Collaborative Diversion program provides mental health co-responder and designated crisis response services to the Yakima Police Department, Yakima Sheriff’s Office, and Union Gap Police. The Intensive Community Support program provides case management, behavioral health, and jail re-entry services to former, potential, and current Trueblood Class Members.

- King County BHASO
 - Community House Mental Health Agency, Law Enforcement Assisted Diversion, Legal Intervention and Network of Care, and the Community Outreach and Advocacy Team programs
 - Total contract amount: \$3,286,000
 - King County’s Trueblood Diversion programs aim to provide behavioral health and other services in community settings as an alternative to criminal legal involvement, which is likely to include forensic mental health services related to defendants’ competency to stand trial. These programs provide law enforcement and prosecutorial diversion, low-barrier behavioral health services, intensive case management, and supportive housing to former, potential, and current Trueblood Class Members.

- Kitsap Mental Health Services
 - Trueblood Diversion program
 - Total contract amount: \$422,499
 - Kitsap’s Trueblood Diversion program aims to bridge the divide between the behavioral health system and the criminal court system by providing re-entry services, certified peer counseling, care coordination, and housing support to former, potential, and current Trueblood Class Members.

- Community Integrated Health Services (Formerly Great Rivers) (Chehalis)
 - Trueblood Diversion program for Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails
 - Total contract amount: \$1,204,000
 - Community Integrated Health Services’ Trueblood Diversion Service program aims to reduce the demand for competency services, minimize the harm inflicted in the criminal court system, and provide services to people with behavioral health issues in the least restrictive environment. This program provides jail re-entry services, mental health services, certified peer counseling, and intensive case management within the Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails.

- Catholic Charities of the Diocese of Yakima (program location is Chelan)
 - Co-responder Services and Jail Diversion
 - Total contract amount: \$983,924
 - Catholic Charities Diversion Crisis Response Services/Co-responder and Jail Diversion programs increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program serves those members indicated above who have contact with law enforcement and jails, by integrating mental health professionals into law enforcement response and jail-based services to deflect potential Class Members away from arrest and incarceration through designated crisis response, co-responder services, crisis intervention, jail screening and re-entry services, and care coordination.

Take Action to Address Staffing Challenges

Post-pandemic workforce challenges have left many positions, especially at our treatment facilities, chronically unfilled. BHHA has identified and implemented creative solutions within our existing authority and partnered with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. BHHA implemented several initiatives from spring 2022 through the end of 2024. Implementing new policies and practices to attract and retain passionate, talented staff remains critical to success, and BHHA has continued this critical focus through the first half of 2025. Even with these successful actions, BHHA continues to face high vacancy rates in several critical patient-centered job classes. As of early July 2025, vacancies in these classes now range between 16-43 percent. The ability to maintain current restoration capacity is a challenge, and staffing new facilities' capacity is also very challenging.

BHHA has established an HQ-based staffing and outreach team focused on filling positions for the additional facilities being built as well as providing recruitment, outreach, and hiring support for vacancies within existing facilities and programs. This team has increased partnerships, job fairs, and outreach connections with a focus on high schools, community colleges, trade schools, tribal governments, and professional, and community organizations. Some of the strategic recruitment and outreach activities have included:

- Attended program/facility-specific job fairs
- Attended position/discipline-specific job fairs (nursing, psychology, security guard)
- Attended veteran-focused hiring events
- Sent statewide letters to all licensed psychologists
- Paid for recruitment ads in professional journals

The 2024 legislative session passed several new pieces of legislation including measures designed to increase staff recruitment and retention:

- On June 1, 2025, eligibility was extended to the Public Safety Employees Retirement System, to staff of the Special Commitment Center, and to staff of the civil and not guilty by reason of insanity residential treatment facilities.
- Adopted a social work licensure compact to make hiring social workers from as many as 25 other states easier.
- Adopted a physician assistant compact, hiring PAs from as many as 16 other states easier.
- Outlined opportunities for out-of-state providers to provide telehealth services; allowed providers to establish a patient relationship via telehealth.

Even with the state's budget crisis, the 2025 legislative session saw the following actions taken in support of staff retention:

- Most employees received a three-percent cost of living adjustment effective July 1, 2025.
- Effective July 1, 2026, most employees are scheduled to receive an additional two-percent cost of living adjustment.
- Forensic Evaluators had their range increase by two salary bands by July 1, 2025.

Next Steps

Future reports will provide continued progress reporting, with a focus on efforts made in five main areas as they relate to compliance: (1) expanding and best-utilizing bed capacity, (2) increasing throughput for inpatient services, (3) managing in-custody evaluations to reduce barriers so compliance can be reached, (4) decreasing demand for competency services, and (5) identifying and implementing additional actions to address staffing challenges.

Work continues to bring new beds online over the next several fiscal years. Newly opened beds fill quickly and rapidly provide increased client benefit. Columbia Unit opened in Q1 2024, a new NGRI (30 beds) facility at the Maple Lane Campus, which has freed up additional forensic competency services ward space at WSH and ESH; Fern Lodge Behavioral Wellness in Stanwood opened in June 2025 with 16 beds available for civil commitment patients, in partnership with the Tulalip Tribes and HCA. HCA continues working with Commerce to create 110 new beds statewide for 90- and 180-day civil commitments. Each of these new civil and NGRI bed projects would allow civil patients to obtain treatment closer to home while forensic Trueblood clients could potentially gain additional beds at WSH. Additionally, the new 350-bed forensic hospital on WSH's campus has entered the early construction phase and is looking toward a potential completion of construction in 2027 – with patients entering the facility in 2028.

The major focus for OFMHS in the future is to work on reducing demand for all competency services through continued implementation of the Trueblood Contempt Settlement Agreement. The Forensic Navigator program continues connecting class members with an enhanced suite of services as they navigate the competency/restoration process. Outpatient Competency Restoration works in concert with the Forensic Navigator program to educate the criminal courts and guide appropriate clients to needed services – especially outpatient restoration – and away from inpatient beds in secure state facilities.

Every person identified as appropriate and subsequently ordered for restoration treatment in OCRP can access community resources and build or rebuild the community supports necessary to enable success post-restoration. Diverting people from inpatient hospital or BHTC beds allows people with higher acuity to access those beds.

Efforts to reduce demand for competency services include several innovative programs listed as follows: Forensic Projects for Assistance in Transition from Homelessness, mobile crisis response, and Forensic Housing and Recovery through Peer Services teams. FPATH identifies and builds relationships with people at highest risk for involvement in the criminal court, homelessness, and forensic mental health systems to provide services and prevent involvement in these systems. MCR provides timely interventions in the field to keep people from being arrested and incarcerated and to instead quickly connect them with the services they need. FHARPS identifies people who are homeless or unstably housed who also have behavioral health needs and connects them with supports for housing and peers who have similar lived experience. Each of these programs is working to meet client's needs and to enable them to move forward in a positive manner before a behavioral health crisis necessitates criminal court involvement or involuntary hospitalization.

FPATH, MCR, and FHARPS programs have completed their services implementation for Phase 3. These programs pair ideally with Forensic Navigator services and with OCRP. FPATH, MCR, and FHARPS continue working closely in the Phase 3 regions with their navigator counterparts.

OFMHS management has worked with the union to create additional efficiencies for jail-based evaluations. On time jail-based evaluation completions for the eastside more than doubled in the last few months of 2022, and part of this success can be attributed to successful implementation of demand to bargain. Significant improvement in timely jail-based evaluation completions continued and has endured into 2025.

The post-COVID-19 pandemic labor market has left many positions, especially at our treatment facilities, chronically unfilled. Nevertheless, the department continues to identify and implement creative solutions within its existing authority and partners with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. DSHS has continued this critical focus through Q2 2025 and plans continued emphasis in these areas for the foreseeable future.

Summary

The department continues work on impacting these five levers: (1) increase, and best-utilize, bed capacity; (2) increase throughput for inpatient services (quicker turnover in hospitals); (3) manage in-custody evaluations to reduce barriers so compliance can be reached; (4) decrease demand for competency services; and (5) identify and implement additional actions to address staffing challenges.

Ensuring every bed's optimal use to meet requirements under Trueblood, by maintaining efficient referral and admission practices, remains critical to OFMHS' work toward achieving compliance.

Ongoing triage and diversion efforts continue to facilitate and improve these efforts by managing the inpatient portion of Trueblood Class Members, while also finding acceptable alternatives for those Class Members deemed suitable for these alternative options.

Taking creative actions within the scope of the department's authority, partnering with our internal constituencies, and working toward implementing new policies and practices to attract and retain passionate, talented staff remains critical to success.

Now through Phases 1-3 implementation of the Contempt Settlement Agreement, OFMHS continues to work with its partners at the Health Care Authority, the Criminal Justice Training Commission, the criminal court systems around the state, and others to administer programs seeking to better serve our clients. Phase 4 begins in Q3 2025 and does not feature geographic expansion of Trueblood programming. Instead, existing Phase 1-3 programs are being bolstered during Phase 4.